College of Humanities and Social Sciences

Department of Psychology

George Mason University

Clinical Psychology Doctoral Program

Student/Faculty Handbook

2020-2021

(Last Updated: 9 April 2021)

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# INTRODUCTION

This handbook provides information about the Clinical Psychology Doctoral Program and guides faculty members and students in planning the student’s program of study. The Director of Clinical Training (DCT) updates the handbook annually. During the year, the DCT issues updates to students and faculty via email as policies and procedures change.

Please consult the [University Catalog](http://catalog.gmu.edu) for the University’s policies and procedures for doctoral degree programs. The Catalog contains a lot of important information that is not contained in this Handbook.

In addition to becoming familiar with the contents of this Handbook and the policies and procedures described in the catalog, students should maintain close and continual contact with their advisors.

Christianne Esposito-Smythers

Director of Clinical Training

# WHO’S WHO IN THE DEPARTMENT

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Dr. Lou Buffardi 993-1355 / DK 3066B [buffardi@gmu.edu](mailto:buffardi@gmu.edu)

# Members of the Clinical Faculty

**Core Clinical Faculty**

Leah Adams 993-4118 Psychosocial aspects of health promotion and health risk with an emphasis on racial/ethnic minorities, women, and other “vulnerable” groups; HIV risk and prevention among incarcerated adults; understanding barriers to accessing new HIV prevention tools, such as Pre-Exposure Prophylaxis (PrEP); managing chronic illness (e.g., HIV/AIDS, chronic pain) and disability (e.g., traumatic brain injury, spinal cord injury).

Lauren Cattaneo 993-4728 Community and institutional responses to intimate

partner violence, helpseeking; risk assessment and empowerment.

Tara Chaplin 993-5309 Emotion regulation and the development of psychopathology and substance use in adolescence; Parent-focused interventions; Bio-psycho-social models of emotion.

Danielle DuFresne 993-1370 Psychological Assessment.

Christy Esposito-Smythers 993-2039 *Director of Clinical Training*

Assessment, prevention, and treatment of

adolescent suicide, depression, and substance abuse; dissemination and implementation of evidence- based interventions & measurement-based care.

Sarah Fischer 993-5635 Impulsivity, Bulimia Nervosa and co-occurring alcohol abuse, application of DBT to disordered eating

Robyn Mehlenbeck 993-1371 *Director of Center for Psychological Services*. Mental Health Administration and Training; Treatment of adolescents with chronic illness;

Multidisciplinary practice and training.

Keith D. Renshaw 993-5128 *Chair of Psychology Department*

Individual and interpersonal response to stress and trauma; Adjustment of military service members and their spouses after deployment; Combat-related posttraumatic stress disorder.

Jerome Short 993-1368 *Associate Director of Clinical Training.* Well-being; Help-seeking; Social support; Health behaviors; Mental health promotion

June Tangney 993-4051 Personality, social, and emotional development; criminal rehabilitation.

**Associated Clinical Faculty**

John Riskind 993-4094 Cognitive determinants of anxiety, fear, and worry;

obsessive-compulsive disorder; social-cognitive

vulnerability to psychopathology.

**Affiliated Clinical Faculty**

Jenna Calton 993-1370 Psychotherapy Supervisor

Michelle Gryczkowski 993-1370 Psychotherapy Supervisor

Rebecca Hardin 993-1379 Psychotherapy Supervisor

Kevin Young 993-1370 Psychotherapy Supervisor

# Policies and Procedures

The requirements for each academic program offered by the college are described in the sections for the sponsoring departments and programs. All students are subject to the policies stated in the Policies and Procedures section of this catalog

## University Policies and Procedures – All George Mason Students

[Sexual Harassment Policy](https://universitypolicy.gmu.edu/policies/sexual-harassment-policy/) - All faculty, staff, students, university contractors, and visitors are expected to comply with the University policy on Sexual Harassment and Misconduct. Information about this policy can be found at: <http://universitypolicy.gmu.edu/policies/sexual-harassment-policy/>.

[E-mail Communication Policy](https://its.gmu.edu/service/masonlive-email-for-students/) - Mason uses only Mason e-mail accounts to communicate with enrolled students. Students should activate their Mason e-mail account, use it to communicate with their department and other administrative units, and check it regularly for important information.

[Accommodations](https://ds.gmu.edu/accommodations-and-services/) - Disability Services at George Mason University is committed to providing equitable access to learning opportunities for all students by upholding the laws that ensure equal treatment of people with disabilities. If you are seeking accommodations for this class, please first visit <http://ds.gmu.edu/> for detailed information about the Disability Services registration process. Then please discuss your approved accommodations with me. Disability Services is located in Student Union Building I (SUB I), Suite 2500. Email: [ods@gmu.edu](mailto:ods@gmu.edu) | Phone: (703) 993-2474

[Academic Calendar](https://registrar.gmu.edu/calendars/) – Calendar outlining each Academic Year

[Dates and Deadlines](https://registrar.gmu.edu/calendar/) – Important deadlines as they relate to university processes (Registration deadlines, graduation, dissertation due dates, etc)

[Financial Good Standing](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-2-1)

[Registration Procedures](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-3)

[Special Registration Procedures](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4)

[Permission to Study Elsewhere](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4-2)

[Special Registration for Non-enrolled Students (ZREG 200)](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4-5)

[Enrollment for Credit Without Grade Points (S/NC)](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4-6)

[Summer Term](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4-8)

[University Consortium](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-4-9)

[Withdrawal](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-5-2)

[Attendance Policies](https://catalog.gmu.edu/policies/academic/registration-attendance/#ap-1-6)

[Course Information](https://catalog.gmu.edu/policies/academic/course-information/#ap-2)

[Grading](https://catalog.gmu.edu/policies/academic/grading/#ap-3)

[Graduate Grading](https://catalog.gmu.edu/policies/academic/grading/#ap-3-2)

[Additional Grade Notations](https://catalog.gmu.edu/policies/academic/grading/#ap-3-3)

[Final Grades](https://catalog.gmu.edu/policies/academic/grading/#ap-3-5)

[Transcripts](https://catalog.gmu.edu/policies/academic/grading/#ap-3-6)

[GPA](https://catalog.gmu.edu/policies/academic/grading/#ap-3-7)

[Change of Grade and Grade Appeals](https://catalog.gmu.edu/policies/academic/grading/#ap-3-8)

[Degree Application, Conferral Graduation](https://catalog.gmu.edu/policies/academic/degree-application-conferral-graduation/#ap-4)

[Application for Degree](https://catalog.gmu.edu/policies/academic/degree-application-conferral-graduation/#ap-4-1)

[Degree Conferral](https://catalog.gmu.edu/policies/academic/degree-application-conferral-graduation/#ap-4-2)

[Catalog Requirements for a Degree](https://catalog.gmu.edu/policies/academic/degree-application-conferral-graduation/#ap-4-2-2)

[Graduation](https://catalog.gmu.edu/policies/academic/degree-application-conferral-graduation/#ap-4-3)

[Research Policies](https://catalog.gmu.edu/policies/academic/research/)

University Policies and Procedures – All Graduate Students **(**[**AP.6**](https://catalog.gmu.edu/policies/academic/graduate-policies/)**)**

[Student Classification](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-1) – Full Time/Half Time Status

[Academic Advising](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-3)

[Program of Study](https://psychology.gmu.edu/graduate/student-handbooks-and-programs-of-study)

[Permission to Re-Enroll](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-4-3)

[Voluntary Resignation](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-4-4)

[Graduate Student Parental Leave of Absence](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-4-5)

[Credit by External Exam](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-5-1)

[Reduction of Credits](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-5-2)

[Transfer of Credit](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-5-3)

[Permission to Study Elsewhere](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-5-4)

[Graduate Academic Standing](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-6)

[Warning](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-6-1)

[Academic Termination](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-6-2)

[Readmission](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-6-3)

[Bachelor’s/Accelerated Master’s Degree](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-7)

[Graduate Certificates](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-8)

### *University Policies and Procedures – PhD Students* ([AP.6.10](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10))

[Requirements](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10)

[Time Limit](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-1)

[How to Request Time Limit Extension](https://chss.gmu.edu/graduate/policies/gradtimeextensionreq)

[How to Request Exception to Academic/Time Limit Termination Policy](https://chss.gmu.edu/graduate/policies/gradterminationappeal)

[Doctoral Research Skill Requirements](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-2)

[Program of Study](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-3)

[Doctoral Students Pursuing a First Master’s Degree](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-9-5)

[Advancement to Candidacy](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-4)

[Process for CHSS Students](https://chss.gmu.edu/graduate/forms)

[Dissertation Committee](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-5)

[Committee size and composition](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-5)

[Dissertation Registration (998,999)](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-6)

[CHSS 999 Registration Procedure](https://chss.gmu.edu/graduate/policies/grad999request)

[Doctoral Defense](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-8)

[Scheduling Defense](https://psychology.gmu.edu/people/staff)

[Dissertation Submission and Fees](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-9)

[Dates and Deadlines](https://registrar.gmu.edu/calendars/)

[University Dissertation and Thesis Services](https://library.gmu.edu/udts)

[Embargo](https://library.gmu.edu/udts/resources#forms)

[Graduate Council](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-11)

[Graduate Faculty](https://catalog.gmu.edu/policies/academic/graduate-policies/#ap-6-10-12)

### *College of Humanities and Social Sciences (CHSS) Policies*

The College of Humanities and Social Sciences (CHSS) is composed of 11 departments and 10 major interdisciplinary programs. The college is also home to the School of Integrative Studies, which offers an innovative interdisciplinary major as well as [Mason Cornerstones](http://cornerstone.gmu.edu/), a first-year program for students in all majors. Together with the College of Science, the college administers the university-wide Honors Program in General Education, the academic program of the Honors College. This is open to qualified students from all majors in the university. The college has a distinguished faculty of more than 400, including recipients of the Pulitzer Prize and Guggenheim Fellowship.

At the undergraduate level, all programs emphasize challenge, opportunity, and success. They challenge students to think critically and creatively and to go beyond what is required by pursuing research experiences, minors, double majors, honors in the major, and accelerated master’s degree programs, which enable them to earn both an undergraduate and a graduate degree, often within five years. They provide many opportunities beyond the classroom including study abroad programs, service learning, internships, and career-enhancing courses and minors, all of which will help prepare them for success beyond college.

At the graduate level, programs of study provide opportunities for career development and advancement, professional education, participation in research, and personal fulfillment.

All programs encourage the exploration of contemporary issues through a dynamic curriculum that fosters an informed understanding of real-world problems. The college provides students with an education that enables them to think critically, adapt to the changing conditions of society, and provide informed leadership to future generations.

[Withdrawal](https://chss.gmu.edu/graduate/policies/gradwithdrawal)

[Credit Overload](https://chss.gmu.edu/graduate/policies/gradcourseoverload)

[Reduction of Credit](https://chss.gmu.edu/graduate/policies/gradreductionrequest)

[Transfer of Credit](https://chss.gmu.edu/graduate/policies/gradtransfer)

[Dissertation Registration](https://chss.gmu.edu/graduate/policies/grad999request) – CHSS procedures

[Time Limits](https://chss.gmu.edu/graduate/policies/gradtimeextensionreq)

[Extension Requests](https://chss.gmu.edu/graduate/policies/gradtimeextensionreq)

[Graduate Appeals of Termination](https://chss.gmu.edu/graduate/policies/gradterminationappeal)

[Voluntary Resignation](https://chss.gmu.edu/graduate/policies/resignprogram)

### *Clinical Program Policies*

Degree Audits - All students are responsible for reviewing their own transcripts and degree audits regularly to ensure that they are correct and that they are on track to meet all their requirements.

Formal Complaints - Formal complaints should be made in writing to the associate dean. See Psychology Department grievance procedures on page 45 also.

Academic Recruitment and Admissions – The Clinical Psychology Program is committed to recruiting, admitting, and enrolling graduate students from diverse backgrounds and identities. We use a holistic approach following the Council of Graduate Schools recommendations (https://cgsnet.org/innovation-graduate-admissions-through-holistic-review) to evaluate applicants. We use the following general categories and specific criterion items as guides:

1. Academic Preparation. Evaluators consider if applicants had a psychology major, performance on specific psychology courses, overall undergraduate GPA, if applicants have a Master’s degree, any awards or grants received, any leadership positions held, and the overall quality of the application forms (e.g., completed, followed instructions).
2. Research Preparation. Evaluators consider if applicants have research experience, the relevance of that research experience to clinical psychology broadly, the duration, type and depth of research experience, and research productivity (presentations, publications).
3. Clinical Preparation. Evaluators consider if applicants have gained experience with clinical populations in some capacity.
4. Alignment with Program and Lab. Evaluators consider the degree to which applicants endorse integrating research and clinical practice into their careers, the context in which they intend to work (e.g., academic healthcare systems), experience and interest in areas of research related to specific labs, and the degree of stated alignment with specific labs within the program.
5. Personal Statement. Evaluators consider the depth of the content, writing quality, voice, maturity, and articulation and realism of goals on the applicants’ personal statements.
6. Letters of Recommendations. Evaluators consider each letter of recommendation with regard to the strength of endorsement and specificity of competencies, aptitudes, and experiences.
7. Interview. Evaluators consider the applicants’ articulated goals, broad communication skills, non-verbal behavior, poise, maturity, and ability to articulate responses to adversity.

Record Retention - The Clinical program retains individual student records in locked filing cabinets in the Graduate Program Coordinator’s Office in David King Hall, room 2013F. These records include the student’s application materials, semester performance evaluation forms, clinical competency evaluation forms for each semester students engage in any form of direct clinical service, all paperwork that goes to the College of Humanities and Social Sciences (i.e., the Masters and Doctoral Programs of Study, signed committee paperwork for the research and clinical comprehensive exams, dissertation forms, and any other forms required for graduation), and other information about students’ progress in the program.

Clinical Program Student Liaison and Liaison Committee - Below is a description of an official position for a student to act as a bridge between the clinical program faculty and students of all years. This is a one-year position from about August 1 – July 31.

Responsibilities of student liaison:

* Run town hall twice a semester
* Gather information from students about issues that need to be addressed by program, and in response to questions from the program. This can be done through meeting with class representatives in person or over e-mail. Information can also be gathered through Google surveys. Whatever the method, it is the responsibility of the liaison to ensure that students from all classes are able to have a voice, including those who don’t tend to speak up in larger gatherings. It is helpful to gather information before the town hall meetings both to set an agenda and to weed out more class-specific issues from program-wide ones.
* Meeting with the faculty liaison about student issues at least twice a semester – once after each student town hall, but with the option for additional meetings when necessary
* Organize one brown bag by inviting speaker(s) of students’ choice.
* (Optional) Coordinate a yearly newsletter, in mid-October, that introduces new students and faculty and includes any other newsworthy info (marriages, new books, etc.)
* (Optional) Determine whether students want to engage in official student organization, filling out the university’s form and attending meetings at university level to receive student group funding.
* (Optional) Identify and develop resources for students as needs arise (e.g., updating lists of area therapists, gathering info from alumni)

Benefits to student liaison:

* Opportunity for increased interaction with both students and faculty
* Opportunity to have an impact on the clinical program
* Gaining experience with problem solving in a professional context
* A leadership position to add to CV

Qualifications:

* Advanced student in the clinical program (4th year or above, if possible)
* Good communication skills
* Comfortable speaking candidly with faculty
* Comfortable talking with students from all years of program, individually and in group format
* Comfortable facilitating productive town hall discussion
* Leadership ability

Selecting a student liaison:

* Interested students should nominate themselves with an e-mail to me along with a brief statement describing their reasons for wanting to take this on
* If there is more than one nominee, the statements will be distributed to students, who will vote via anonymous Google survey.

The student liaison committee:

At least one student from each class will become a committee who will support the work of the liaison. Students will self-nominate by sending an e-mail to me. It will be the liaison’s job to collect feedback from the committee. Class representatives can also make contact with the DCT on their own if class-specific issues arise.

# CLINICAL PROGRAM CURRICULUM

## Training Model and Goals

The clinical psychology doctoral program at George Mason University is committed to the clinical science model. Our goal is to train clinical psychologists who are capable of integrating research and applied clinical activities. We believe that the best clinical skills are grounded in empirical and theoretical knowledge, and clinical application continuously informs the evolution of clinical theory and research. Toward this end, we provide rigorous training in scientific methods and clinical activities, with an emphasis on those that are informed by empirical research. Our training encourages students to be integrative and innovative while guided by the principles of science and ethics.

We believe that clinical psychologists have a responsibility to have a positive impact on individuals and communities. We emphasize theoretically informed, applied research that is capable of producing results with meaningful implications for positive change at the level of the individual, family, and community. Our program involves students in research from the beginning of the first year throughout the entirety of their training.

Many of our faculty approach clinical psychology from *social psychological* and *contextual* perspectives. A social psychological perspective uses theory and research from social psychology to understand emotional, cognitive, behavioral, and interpersonal functioning. A contextual perspective stresses the impact of social and cultural factors on the individual and vice versa. These perspectives share the assumption that psychological well-being, adjustment, and dysfunction are best understood in the context of the individual’s relationships, community, and culture.

Our faculty views students as junior colleagues and collaborators, and we strive on a daily basis to treat all students with dignity and respect. We aim to train students who have the flexibility to fill the evolving functions of clinical psychologists, including research, direct provision of clinical services, supervision, program development and evaluation, and consultation.

The Program follows a competency-based educational model. Within this model, students are expected to obtain a high level of competence across research, clinical, and professional domains, with specific objectives identified within each domain, and specific knowledge, skill, and attitude competencies identified within each objective. Within courses, instructors are expected to clearly outline the specific competencies that derive from the goals and objectives of the course. Students are expected to work towards mastery of these course specific competencies, as evidenced through course assignments (e.g., quizzes, reports, papers, exams, observations, performance-based evaluations).

APA Competency Areas in Professional Psychology

* 1. Professionalism
     1. Professional Values and Attitudes
     2. Individual and Cultural Diversity
     3. Ethical Legal Standards and Policy
     4. Reflective Practice/Self-Assessment/Self-Care
  2. Relational

5. Relationships

* 1. Science

6. Scientific Knowledge and Methods

7. Research/Evaluation

* 1. Application

8. Evidence-Based Practice

9. Assessment

10. Intervention

11. Consultation

* 1. Education

12. Teaching

13. Supervision

* 1. Systems

14. Interdisciplinary Systems

15. Management-Administration

16. Advocacy

## Requirements

A minimum of 76 graduate credits is required for the Ph.D. — 16-22 hours of general courses (depending on quantitative emphasis chosen), 48 hours of core clinical courses, 0-6 hours of electives (depending on quantitative emphasis chosen), and 12 hours of dissertation. With approval, students can take elective courses offered by the other universities that belong to the [Washington Area Consortium of Universities](https://registrar.gmu.edu/topics/washington-consortium/). We require a minimum of 3 full-time academic years of graduate study (or the equivalent) plus internship prior to receiving the doctoral degree. At least 2 of the 3 academic training years (or the equivalent) must be at our program and at least one year of full-time residence at our program.

Students must pass courses with a grade of “A” or “B” (+ or -). A student who earns a “C” or lower in a course will have a second opportunity to take the course and pass with an acceptable grade. A student who fails to meet this requirement the second time may be removed from the program.

**GENERAL REQUIREMENTS 16-22 credits**

Biological Bases of Behavior (select one of the following two courses)

Mammalian Neurobiology (PSYC 531) …………………………………………………..3 credits

Biological Bases of Human Behavior (PSYC 702).. 3 credits

Developmental Bases of Behavior

Life-Span Development (PSYC 704) 3 credits

*One Quantitative Emphasis chosen from the following 3 options 10-16 credits*

Emphasis A (**Basic; 10 credits**)

PSYC 611 - Advanced Statistics 4 credits

PSYC 754 – Multiple Regression 3 credits

PSYC 644 - Methods for Social Research 3 credits

Emphasis B (**Enhanced; 13 credits**)

PSYC 611 - Advanced Statistics 4 credits

PSYC 644 - Methods for Social Research 3 credits

PSYC 754 – Regression 3 credits

One approved quantitative course, such as those listed under Emphasis C 3 credits

Emphasis C (**Quantitative; 16 Credits**)

PSYC 611 - Advanced Statistics 4 credits

PSYC 644 - Methods for Social Research 3 credits

PSYC 754 – Regression 3 credits

Two additional approved quantitative courses, such as:

PSYC 557 - Psychometric Methods 3 credits  
PSYC 646 - Longitudinal Data Analysis 3 credits  
PSYC 652 - Analysis of Variance 3 credits

PSYC 756 – Multivariate Methods 3 credits  
PSYC 757 - Advanced Quantitative Methods 3 credits

(varies by semester but includes Bayesian methods)  
PSYC 892 - Special topics that include Meta-analysis/SEM 3 credits

PSYC 889 - Structural Equation Modeling and Meta-Analysis …..…..3 credits

EDRS 812 – Qualitative Methods in Educational Research …………..3 credits

**CLINICAL REQUIREMENTS 48 credits**

Comprehensive Assessment Practicum (PSYC 792)………………………………….......2 credits

Psychological Assessment I (PSYC 810) 4 credits

Psychological Assessment II (PSYC 811) 4 credits

Supervision, Consultation, and Interprofessional Skills (PSYC 813)……………………..3 credits

Scientific Foundations of Clinical Psychology (PSYC 822) 3 credits

Teaching Practicum in Psychology (PSYC 850) (take 1 credit) ………………………….1 credit

Introductory Helping Skills and Motivational Interviewing (PSYC 860) 3 credits

Cognitive Behavioral Therapy for Youth (PSYC 861) 6 credits

Cognitive Behavioral Therapy for Adults (PSYC 862) 6 credits

Practicum in Clinical Psychology (PSYC 881) 6 credits

Ethical and Professional Issues in Clinical Practice (PSYC 883) 3 credits

Social, Cognitive, and Affective Foundations of Behavior (PSYC 855)………………….3 credits

Diversity, History and Clinical Psychology (PSYC 856)……………………………….…3 credits

Seminar in Professional Psychology (PSYC 890)…………………………………………1 credit

**ELECTIVES 0-3 credits**

Students choose electives in consultation with and with the approval of an advisor. The choice of quantitative emphasis affects the number of credits available for electives. Those who choose Emphasis A take 3 credit hours of electives.

**DISSERTATION** **12 credits**

PSYC 998 & 999 (Students must take at least 3 hours of 998 and at least 3 hours of 999)

**INTERNSHIP 0 credits**

Full time for one year (no course credit, ZREG 080 if dissertation completed)

**EXTERNSHIP 0 credits**

Optional: Part-time Externship in the 4th and/or 5th years (no course credit for PSYC 885)

**TOTAL****76 credits**

**TYPICAL SCHEDULE**

***This is the typical schedule that includes our expected Catalog changes, but it is possible to vary from it – consult with your advisor to resolve any concerns or formulate individual schedules. In particular, the decision about enrolling in dissertation (998/999 credits) depends on the timing of your dissertation proposal and defense, coverage of tuition in fourth year and beyond, and other factors. Talk with your advisor, the DCT, the Associate DCT, and/or the Graduate Programs Coordinator about optimal timing of 998 and 999 enrollment.***

**YEAR ONE (28 credits)**

FALL (15 credits)

Psychological Assessment I (810) (4 credits)

Scientific Foundations of Clinical Psychology I (822) (3 credits)

Diversity, History, and Clinical Psychology (856) (3 credits)

Advanced Statistics I (611) (4 credits)

Seminar in Professional Psychology (890) (1 credit)

SPRING (13 credits)

Psychological Assessment II (811) (4 credits)

Foundations of Psychotherapy (892) (3 credits)

Methods for Social Research (644) (3 credits)

Regression (754) (or Advanced Stats/Elective/Core) (3 credits)

**YEAR TWO (20-21 credits)**

FALL (10-11 credits)

Cognitive Behavioral Therapy for Youth (861) (3 credits)

Cognitive Behavioral Therapy for Adults (862) (3 credits)

Longitudinal Data Analysis (646) (3 credits)

Comprehensive Assessment Practicum (792) (1 credit)

Teaching Practicum in Psychology (850) (1 credit) – *for those teaching a course*

SPRING (10 credits)

Cognitive Behavioral Therapy for Youth (861) (3 credits)

Cognitive Behavioral Therapy for Adults (862) (3 credits)

Comprehensive Assessment Practicum (792) (1 credit)

Ethical and Professional Issues in Clinical Practice (883) (3 credits)

**YEAR THREE (15 credits)**

FALL (9 credits)

Practicum in Clinical Psychology (881) (3 credits)

Life-Span Development (704) (3 credits)

Social, Cognitive, and Affective Foundations (855) (3 credits) (even years)

or Advanced Stats/Elective (3 credits) (odd years)

SPRING (6 credits)

Practicum in Clinical Psychology (881) (3 credits)

Biological Bases of Human Behavior (702) (3 credits) (even years)

or Advanced Stats/Elective (3 credits) (odd years)

**YEAR FOUR (12 credits)**

FALL (6 credits)

Supervision, Consultation, and Interprofessional Skills (813) (3 credits)

Social, Cognitive, and Affective Bases of Behavior (892) (3 credits) (even years)

Doctoral Proposal (998) (3 credits) (odd years)

Externship (885) (0 credits)

SPRING (6 credits)

Doctoral Proposal (998) (3 or 6 credits)

Biological Bases of Human Behavior (702) (3 credits) (even years)

Externship (885) (0 credits)

**YEAR FIVE (7 credits)**

FALL (6 credits)

Doctoral Dissertation (999) (6 credits)

Externship (885) (0 credits)

SPRING (1 credit)

Doctoral Dissertation (999) (1 credit)

Externship (885) (0 credits)

\*Approved Dissertation proposal by **October 1**, prior to submitting any applications for internships that start the following year. Students should not register for the match without an approved dissertation proposal.

**YEAR SIX:** Internship\* Dissertation Credits until final defense of dissertation, then ZREG 080 credits to maintain active status in the university until graduation.

FALL (0 credits)

Doctoral Dissertation (999) (1 credit) or Internship (ZREG 080) (0 credits)

SPRING (0 credits)

Doctoral Dissertation (999) (1 credit) or Internship (ZREG 080) (0 credits)

SUMMER (0 credits)

Doctoral Dissertation (999) (1 credit) or Internship (ZREG 080) (0 credits)

### *Additional Program Requirements*

In the first year of training, as part of PSY810 and PSYC 811, each student is required to complete one intellectual assessment and one comprehensive assessment to demonstrate competency. These cases will be provided by the GMU CAP program and the Center for Psychological Services.

Across the second year of training, students are required to complete two more comprehensive assessment cases (one adult case, one child case and one that can be either child or adult by the end of the second year) in PSYC 792. These cases will be provided by the GMU Center for Psychological Services. This ensures a basic level of competency in providing assessment services. Supervisor feedback on these assessments is part of the practicum evaluation forms.

## Year-by-Year Overview of Required Activities and Deadlines

A full list of major activities, requirements, and associated deadlines follows below. This can be a helpful resource for you each year. Note that *POC* = point of contact for questions, and *GPC* = Graduate Programs Coordinator.

**EVERY YEAR**

* Prior to fall semester
  + Register for courses
  + Sign contracts for research and teaching assistantships as needed
* Prior to spring semester
  + Register for courses
  + Sign contracts for research and teaching assistantships as needed
  + Personalized Professional Goals Form in context of semester evaluation with advisor
* By end of spring semester
  + Outside Clinical Activities Form
  + Personalized Professional Goals Form in context of semester evaluation with advisor
* By June 1
  + Research Activity Report (online)

**Prior to First Year**

* Complete criminal background investigation before beginning the fall semester
* Register for courses before Fall semester begins
* Sign contracts for research and teaching assistantships

**First Year**

* By end of spring semester
  + Submit Graduate Secondary Master’s Program App (POC: GPC)
    - <http://registrar.gmu.edu/wp-content/uploads/GSMA.pdf>
  + Complete one intellectual assessment (POC: instructor for PSYC 810/811)
  + Complete one comprehensive assessment (POC: instructor for PSYC 810/811)
* By Aug 1
  + Complete Letter of Intent for second-year research project (POC: Advisor)

**Second Year**

* Between Spring of first year through Summer after second year
  + Complete a total of three comprehensive assessments with reports (POC: CPS Director/Assessment Supervisor)
* End of Fall
  + Apply for the M.A. degree (POC: GPC)

**Third Year**

* By December 1 (September 1 recommended)
  + Complete second-year research project (research comprehensive exam) (POC: Advisor)
* By end of spring semester
  + Present second-year research project at a brown bag (POC: Associate DCT)
* January/February
  + Apply for externships (optional but recommended) (POC: Associate DCT)
* By end spring semester
  + Complete clinical comps (oral comprehensive exam) (POC: DCT)

**Fourth Year**

* Prior to Fall and Spring
  + Register for Externship (PSYC 885 – 0 credits)
* End of Fall semester
  + Submit Extern Evaluation Form to externship supervisor(s) (POC: Associate DCT)
* January/February
  + Apply for externships (optional) (POC: Associate DCT)
* During fall/spring/summer
  + Complete Dissertation Committee Composition Form (POC: GPC)
  + Complete dissertation Letter of Intent (POC: Advisor)
  + Defend dissertation proposal
  + Submit dissertation Signature Sheet to graduate program coordinator
* End of spring semester/summer
  + Submit Extern Evaluation Form to externship supervisor(s) (POC: Associate DCT)
  + To enroll in PSYC 999 in Fall
    - Complete and submit Program of Study (POC: DCT, GPC)
    - Submit paperwork for Advancement to Doctoral Candidacy by August 15 (recommended by August 1) (POC: DCT, GPC)

**Fifth Year**

* Prior to Fall and Spring
  + Register for Externship (PSYC 885 – 0 credits)
* By October 1
  + If you haven’t done so already, successfully defend dissertation proposal and submit dissertation Signature Sheet to GPC (note: leave time for changes requested by committee) – must be done to apply for internship
  + Submit applications for internship (note: dates vary by sites, but most are due on or around Nov 1) (POC: Advisor, Internship Application Committee)
* End of fall and spring semesters
  + Submit Extern Evaluation Form to externship supervisor(s) (POC: Associate DCT)
* Prior to internship start date
  + Schedule dissertation defense and reserve room
  + Obtain approval from all committee members to proceed with defense at least 3 weeks before actual defense (POC: GPC)
  + Defend dissertation and complete Dissertation Signatures Form
  + Submit final version of dissertation to Library after format check
  + *NOTE: To avoid registering for PSYC 999 in summer or while on internship, this must* ***ALL*** *be completed before the start of the summer semester*
* Prior to fall of 6th year
  + Register for courses (PSYC 999 or ZREG 080) (POC: GPC)

**Sixth Year**

* Prior to spring semester
  + Register for courses (PSYC 999 or ZREG 080) (POC: GPC)
* During spring semester
  + Apply for Ph.D. degree (POC: GPC)
  + Indicate intention to walk in College Convocation (POC: GPPC)
* End of internship
  + Complete Internship Completion Form, send to DCT and GPC

## Electives

         An “elective” is defined as any non-required coursework that is directly relevant to a student’s education and training as a clinical psychologist, as determined by the student and the advisor.  A “course” is defined as any experience that is awarded credit hours by the university.  Courses can be regularly offered courses, special topics (PSYC 892), or practica (PSYC 881).  (This list is not exclusive.)  Research experiences already required by the program (second-year project, dissertation) cannot meet the elective requirement.

**“Directly relevant”** is a difficult term to define.  Decisions will be made on a case-by-case basis.  A good example of an ineligible course is a course in Spanish.  An eligible course might focus on mental health issues among Latinos in the United States.  A course on accounting is ineligible.  A course focused on management issues in health care settings is eligible.

**Eligible courses** include those offered by the Department of Psychology, other departments at George Mason University, and the universities in the Consortium of Universities in the Washington DC Metropolitan Area (see University Catalogue for more information).

         The student’s advisor and the Director of Clinical Training (DCT) approve electives.  A request for approval of an elective should include a catalogue description of the course, a syllabus, and a brief explanation of how the course meets the student’s education and training needs.

## Externship (PSYC 885 – No Course Credit)

Students may take a Clinical Psychology Externship in the fourth and/or fifth year. Students should consult with their advisors and current senior students in selecting sites and preparing their applications. There is also information in the shared Mesa network folder associated with the clinic (see below). Students must register for PSYC 885 when they have an externship. Because there is no course credit associated with 885, one can register for it in summer and as many times as needed.

### *What constitutes an externship?*

An externship is any delivery of clinical services off-campus, including assessment, diagnosis and/or intervention. The externship site should provide weekly supervision by a licensed mental health professional, or a qualified mental health professional under the supervision of a licensed mental health professional. For the purpose of counting hours toward *licensure* (as opposed to internship), it is recommended (but not required) to have a clinical psychologist sign off on the student’s work. Externships involve regular client contact, and the ratio of time spent in supervision to time spent on direct service should be a minimum of 1:4 (at least one hour of supervision per 4 client hours). If a student wishes to consider an externship that does not meet these requirements, or if a student wishes to consider an ad hoc externship (one that is created specifically for the student, or is not an established program), he or she must seek faculty approval through his or her advisor and the DCT.

### *The application process*

Though deadlines may vary by placement, students tend to apply for externships early in the spring semester for positions beginning the following academic year. In the past, the local consortium of clinical programs has asked externships to comply with a call date, and this has tentatively been set for the second Friday in March. In general, the application process involves submission of a formal application or cover letter, curriculum vitae, letters of recommendation, and a personal interview. Students need to contact the desired sites for application information and independently proceed with the application process. Because training experiences, theoretical orientation, and supervisory styles vary widely across externship sites, students should carefully investigate the sites of interest to them before applying and before accepting an offer.

While all students should consult with advisors and should research sites based on their own needs and goals, the faculty Externship Committee provides resources to facilitate the process. First, we identify a faculty point person who keeps an updated list of externship sites on the shared clinic folder (Mesa\shared\cps.gradstudent\Externship Information). Second, we put a template for cover letters in the same folder. Third, we consolidate student feedback on externship sites and put those forms in the folder, as well. Finally, we update a spreadsheet of where students have had externships in the past, so that students can reach out to each other. This spreadsheet is made available as a Google document. We recommend that students reach out to advisors for help with polishing CVs, and that they reach out to other students who have recently obtained externships to practice interviews.

**TQCVL Verification Process for the Clinical Psychology Doctoral Program in the Department of Psychology at George Mason University**

The *Trainee Qualifications and Credentials Verification Letter* (TQCVL) is a letter that DCTs are required to sign and submit to the VA on behalf of each trainee that will be working at the VA. The letter contains personal and medical information (e.g., vaccination status) to which the DCT is customarily not privy. There is a TQCVL verification form in the Appendices.

The following is a set of guidelines for handling this VA requirement to protect the privacy and respect the self-determination of clinical psychology students as they decide if they wish to pursue VA training opportunities. This process is also in place to ensure that the DCT feels comfortable signing a document that attests to information not appropriate for a DCT to review or evaluate (e.g., vaccination records). For this documented policy, the term *DCT* refers to the current Program Director of the Clinical Psychology Ph.D. Program at **George Mason University** or an acting DCT who has been appointed the role of acting Program Director in the absence or unavailability of the current DCT.

1. The TQCVL VA requirement will be made transparent to all program students, including the option not to pursue VA training if students wish not to disclose information required by the TQCVL letter; this information, including this written policy, will be included in detail in the
   1. clinical psychology program’s student handbook
   2. practicum training orientation and materials
   3. clinical internship training orientation and materials.
2. Students pursuing VA training and for whom the VA has requested a DCT-endorsed TQCVL must, per the VA, completed the following steps:
   1. obtain a tuberculosis screening (with a formal physician note and signature attesting to this screening)
   2. satisfy one of the following: i) obtain a hepatitis B vaccine, ii) show formal documentation of having already received such a vaccine (with a formal physician note and signature attesting to this vaccination), or iii) a signed declination waiver.
   3. satisfy one of the following: by November 30th of the preceding year i) obtain an influenza vaccine, ii) show formal documentation of having already received such a vaccine (with a formal physician note and signature attesting to this vaccination), or iii) a signed declination waiver and a written acknowledgement that declining this waiver requires wearing a face mask at VA facilities during the entirety of the influenza season.
   4. sign a program-specific statement that
      1. permits the DCT to screen your name against the Health and Human Services’ list of Excluded Individuals
      2. acknowledges that should your name show up on the Health and Human Services’ list of Excluded Individuals, the DCT will be unable to endorse your TQCVL
      3. sign a program-specific statement that, if assigned to male[[1]](#footnote-1) at birth, a US citizen or immigrant, and between 18 and 25 years old (inclusive of 18 and 25), you have registered with Selective Service or will provided a Status Information Letter.
   5. For non-US citizen trainees,
      1. provide the DCT with documented proof of current immigrant or non-immigrant status. This may include visa status documents, permanent resident card, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process
      2. sign a statement that permits the DCT to provide this documented proof of current immigrant or non-immigrant status along with the TQCVL to the VA.

The foregoing are mandatory requirements set by the VA. The DCT has no ability to waive or modify them. Of course, the decision to pursue training at the VA is at the sole option of the student, and a student who does not wish to comply with these requirements may seek training at a non-VA facility.

1. To protect the privacy and security of the information required to be collected for the TQCVL, the following protocols will be followed:
   1. Any information collected by the DCT for the purposes of completing your TQCVL will be reviewed only by the DCT for purposes of completing the TQCVL or verifying information on the TQCVL. No other faculty will have access to this information.
   2. The information for completing the TQCVL will be stored in a locked filing cabinet in the office of the DCT. Other than the DCT, no other faculty, staff, or students will have access to the TQCVL information at **George Mason University**.
   3. Information for the TQCVL will be stored for 1 year passed the date of earning the Ph.D. or otherwise discontinuing from the program. At this time, the TQCVL will be destroyed by the DCT.

### *The evaluation process*

Twice a year the Associate DCT distributes copies of the Extern Evaluation Form (see Appendices) to externship supervisors. Externship supervisors are asked to share their completed evaluations with students before sending them to our program. The completed evaluations are then sent to the Associate DCT at the end of each semester, and are made available for review and discussion during the end of semester Student Review meeting held by the faculty. Evaluation ratings are factored into the student Summative Evaluation. Extern evaluations are also placed in the student’s file. Students should also complete the Evaluation of Externship Site form (see Appendices) and return it to the externship committee point person.

## Internship

Internship consists of one year of full-time employment (2,000 hours) as a clinical psychology trainee in any number of different mental health and health care settings, including psychiatric hospitals, medical hospitals, university counseling centers, and community mental health centers. A few sites offer a two-year, 20-hour a week internship.

The internship must be in clinical psychology (as opposed to school or counseling psychology) and, ordinarily, must be APA-accredited. A student must obtain the permission of the advisor and the DCT to apply to sites that are not APA-accredited. Prior to application, the student must submit a written request that includes details of the program, the training it offers, and a rationale for application to that program.

Information about training sites is available from the Association of Psychology Postdoctoral and Internship Centers ([www.appic.org](http://www.appic.org)).

### ***Eligibility***

A student is eligible for internship when he/she has passed the doctoral comprehensive exams, has an approved dissertation proposal, has gained adequate clinical training, and will have completed all coursework prior to the beginning of the internship. Students are encouraged to complete the dissertation before leaving for internship.

In order to apply for internships, students must have an approved dissertation proposal before applying for internship, and no later than October 1 of the application year (i.e., the year before internship). Although most internship applications are due November 1 or later, a small number of applications are due before November 1. To apply to such internships, students must have their proposal approved prior to the application due date. Students should not register for the internship match without an approved dissertation proposal.

### ***Process***

Students intending to apply for internships meet with their advisors in the spring before the application year to discuss their readiness for internship. They then work with their advisors and the Internship Application Committee to select internship sites that will best meet their training needs. In the summer and fall of the application year, students work with their advisors and the Internship Application Committee to finalize their applications and prepare for interviews.

One of the application forms requires a detailed accounting of specific clinical experiences. Completion of this form will be much easier if the student keeps a running log of clinical experiences and hours beginning in their first semester. Please note also that one of the forms is a verification of readiness for internship that must be signed by the DCT. You will need, therefore, to submit a copy of your completed application to the DCT with sufficient time for the DCT to review and endorse it (at least one week).

Students usually receive invitations for interviews by internship programs during December. Interviews start in December, but more typically occur in January. Both internship programs and student applicants then submit rankings expressing their preferences, usually in early February. These rankings are submitted to a computerized Matching Program coordinated by APPIC. The results of the computerized Matching Program are released in February on a single designated Match Day. At that time, students are informed of the internship site with which they have been matched, and then must contact the site to accept and make arrangements for the internship year. Students also should inform the DCT and their advisors about the results of their internship application.

Applicants not matched through this process then participate in a second phase of the Matching Program (which mirrors the same process as the first phase, only with phone interviews and a shorter timeframe). Any applicants who do not match during the second phase can participate in the APPIC Clearinghouse, which provides information on programs that still have vacancies to applicants who have not matched. The Clearinghouse is less formalized, with applicants and sites able to make decisions about offers and acceptances on a case-by-case basis with no set timeline.

A student may not arrange his/her own internship outside of the APPIC matching or Clearinghouse process without prior consultation with and permission of the advisor and the DCT.

Evaluations of the student’s performance are provided by internship supervisors at the end of the internship year, reviewed by the DCT and clinical faculty, and placed in the student’s file. Internship directors use their own evaluation forms, not a program form. Upon completion of the internship, an internship official should fill in and sign the Internship Completion Form.

### ***Internship Registration***

During internship, students must register for at least one dissertation credit (PSYC 999) per semester if the dissertation is not complete. If the student has completed a dissertation and turned in the final copy to the library, the student does not need to register for a dissertation credit. Any student wishing to be considered full-time while on internship must register for ZREG 80 Clinical Internship. Contact the Graduate Programs Coordinator for more information about registration. If you have already completed your dissertation, *and* you will complete your internship during the summer, in time for degree conferral in August, *be sure to register for ZREG 80 during summer*. You must be enrolled in a course during the semester immediately preceding your degree conferral date.

## Program of Study/Advancing to Candidacy

Once students have completed all required coursework and milestones except for the dissertation proposal and defense, they are eligible to “advance to candidacy.” Prior to advancing to candidacy, students must prepare a Program of Study (see Appendices) that indicates the courses the student has taken and plans to take to satisfy graduation requirements (but not semester-by-semester). This is a University requirement and must be completed and approved before the student may advance to candidacy. Thus, students typically complete the Program of Study form and submit it for approval **by the end of the fourth year**. For students who may have courses left to complete after fourth year, please note that you cannot enroll in PSYC 999 until you have officially advanced to candidacy. The advisor, DCT, and Associate Chair for Graduate Studies must approve the Program of Study. Students should submit an electronic copy to the Graduate Program Coordinator for review prior to obtaining signatures. Students should also retain an electronic copy for their records. Students should meet with their advisors before the end of the first year to review the Program and Study and develop a plan for the next several years (e.g., electives, externship).

## Reduction of Degree Requirements

Students may apply for a reduction of up to 30 hours of doctoral coursework based on prior graduate coursework. Rather than officially transferring credits from another institution to George Mason, this process involves “waiving” program requirements by demonstrating completion of equivalent coursework prior to enrolling in the program. To do so, the student must present documentation and written justification for these reductions. Documentation typically consists of the following information:

1. Course title and a transcript showing the grade for the course.
2. A copy of the catalog description of the course.
3. A syllabus for the course or a list of topics covered in the course.
4. Identification of the text(s) used in the course.
5. A written description of how the course(s) fits into a coherent program of study.

* Requests for reductions are best made early, but are due by the beginning of the third year of study.
* The advisor, DCT, and Associate Chair for Graduate Studies approve requests for reductions and forwards them onto the Graduate Programs Coordinator for processing of the [Reduction of Credit Form](http://chss.gmu.edu/graduate/forms)

## Outside Employment/Assessment for Pay

A student who seeks employment involving direct provision of clinical services in a setting that does not have a training relationship with the Clinical program (e.g., a private practice) must submit a written request to the advisor and the DCT prior to accepting such a position. This request must include a description of the job tasks, number of hours per week the student plans to work, a summary of the student’s training and education experiences that establish his/her competence for the position, and a description of the supervision he/she will receive. Students cannot begin such employment without the approval of the advisor and the DCT. Students are encouraged to consult with the DCT prior to entering into discussions with outside employers.

Students who engage in employment activities of a psychological nature must comply with the American Psychological Association Ethical Principles and the regulations of the Virginia Board of Psychology. The DCT may solicit evaluations of graduate student performance in these positions.

Once students become eligible according to Center policy, they may also wish to conduct assessment at the Center for Psychological Services for pay. Students should carefully consider how such activities fit into their career goals and progress in the program, taking care not to become overloaded. Each year, in order to facilitate advisor-advisee planning, students complete the Outside Clinical Work Agreement (see Appendices), review it with their advisor, and return the signed copy to the Graduate Programs Coordinator.

# THE ADVISOR

## The Advisor-Advisee Relationship

Our program operates on a mentor model, whereby each student enters the program with a faculty advisor already assigned. The advisor serves a number of functions. He/she helps the student determine the schedule of classes for each semester; answers questions about the program; serves as the student’s advocate; helps the student develop a Program of Study; helps the student in decision-making regarding externship and internship applications; helps with the formation of the Dissertation Committee; and provides feedback to the student following departmental student evaluations made at the end of each semester. The advisor also is the first point of contact if problems arise and should be consulted before program changes are made.

The advisor also serves as the student’s research mentor and dissertation supervisor. This begins with the first semester of the first year, as the advisor works with the student to select and develop research interests and skills. The advisor serves as the primary mentor for the second-year project and dissertation, and often on additional research projects. In some cases, a student may enter the program with “co-advisors,” whereby two clinical faculty members serve as the student’s research advisors. Such situations require close collaboration and communication among the student and faculty members to ensure that all are aware of each other’s expectations and progress. The faculty members can also agree to split specific elements of the advisor relationship (e.g., one serving as the primary research mentor, the other serving as the primary advisor with regard to program requirements and milestones). Regardless of the specific arrangement, one faculty member must be designated as the *primary advisor* of record.

In the unusual case when a student enters the program to work with a non-clinical faculty member, a member of the clinical faculty must serve as the *program advisor*. In such situations, the non-clinical faculty member serves as the student’s primary research advisor, while the program advisor meets regularly with the student to ensure adequate progress on program requirements. These arrangements require close coordination among the student, the research advisor, and the program advisor. It is expected that the student, research advisor, and program advisor will meet at least once/semester to review any feedback from the student evaluation meeting and discuss the student’s progress with regard to program requirements/milestones and research activity.

Each advisor has his/her own approach to mentorship in research, program, and other professional activities. **The student shares in the responsibility for developing a relationship within which he/she may achieve his/her academic goals.** At the end of each semester, when the student meets with his/her advisor to review academic progress, the student has an opportunity to provide his/her advisor with feedback about the mentoring relationship using the Faculty Mentor Feedback Form (see Appendices). This feedback is designed to facilitate regular communication about the mentoring relationship and enhance the quality of mentoring for each student.

## Assignment and Selection of Advisors

Entering students are admitted to the program to work with a specific faculty member(s). The faculty advisor helps the student become oriented to the program and answers questions on an as-needed basis. The student may later change advisors if his/her research interest change. Both student and advisor are free to terminate the relationship if it proves unsatisfactory to either. The student must inform the DCT and the Graduate Programs Coordinator if he/she decides to change advisors.

# RESEARCH EXPECTATIONS

Students become involved in research early in the program and make steady progress toward completion of the dissertation, as follows:

**(1)** During the first semester of study, each student will work with a research advisor and begin discussions of research interests and possible dissertation topics.

**(2)** Under the supervision of their supervisor, students develop a research proposal during their first year. This is a course requirement. This proposal is submitted to the clinical faculty through the letter of intent procedure described below.

**(3)** Students are expected to maintain regular contact with the research advisor. Different advisors will have different expectations as to whether this contact involves individual meetings, group meetings, phone or e-mail contacts, and/or regular submissions of written material.

**(4)** At the end of each spring semester, students complete a Research Activity Report online that summarizes their research activities during the year.

**(5)** By December 1 of the third year, students are required to complete, under the direction of the research Advisor, an empirical research project consisting of the collection of original data or secondary analysis of data that have already been collected, and write an APA-formatted article suitable for peer-review based on the research project.

**(6)** All students must complete a doctoral dissertation (See section XIII).

**(7)** *The GMU Human Subjects Review Board must approve all research before data collection can begin.*

**(8)** Students and faculty will participate in Wednesday bi-weekly lunchtime brown bags which will provide students with opportunities to present completed research (third-year students present their second-year projects in the spring semester), and to discuss topics relevant to Clinical Psychology (methods, communication skills, funding, etc.).

# LETTER OF INTENT PROCEDURE

One of the first stages in proposing your second year project or dissertation will be the submission of a letter of intent (LOI). For second year projects, LOIs will be reviewed by the student's advisor, a second committee member selected by the student, and 2 additional people out of 3 suggested by the student. In general, all readers are clinical faculty, but only one of the committee members beyond the advisor MUST be clinical. After consulting with the advisor, students should forward to the DCT (a) the LOI, (b) the student's selection of committee member #2, and (c) a list of 3 faculty members as candidates for readers #3 and 4.  The DCT will select two in consultation with the advisor, and other faculty when available. For dissertations, LOIs will be reviewed by the dissertation committee (typically 3 faculty) and one other faculty member assigned by the DCT in consultation with the advisor and other faculty when available. After consulting with the advisor, students should forward to the DCT (a) the LOI, (b) a list of the dissertation committee members, and (c) (optional) thoughts about possible 4th readers.

The LOI should be a **maximum of three** pages (minimum of 11 point font and 1 inch margins). It should address all criteria in the LOI Review Form (see Appendices). Before submission, please go over the LOI with your primary advisor. Their feedback is not only allowed but strongly recommended prior to submission.

Faculty will respond within 2 weeks of dissertation LOI submissions and within 1 month of second year project LOI submissions, using the LOI Rating Form (see Appendices). You will meet with your advisor and potentially other committee members to discuss how to address feedback from the faculty.

The benefits of a LOI include the (1) assurance that your research efforts will be dedicated to producing research that will make a novel contribution to the field, (2) multiple perspectives and orientations to view your ideas and the avoidance of insular thinking from a particular lab, mentor, and student, and (3) constructive feedback before you invest substantially in a project.

For first year students, the submission deadline for the LOI for your second-year project is August 1. You can submit your LOI any time before this deadline (and this is encouraged). For your dissertation, there is no firm deadline as different students will be on different schedules. Nonetheless, please be aware that you will always need more time for revisions than you expect.

## LOI Review Form

Faculty rate each criterion, and add their comments as appropriate. The criteria are: (1) quality of the background, study justification, and conceptual framework (Significance of the Study); (2) potential for a successful study to contribute to the scientific literature; (3) feasibility of the project; (4) quality of the methods overall; and (5) quality of the acknowledgement of limitations and contingency plans. See Appendices for the LOI Review Form.

# GUIDELINES FOR STUDENT ONLINE PRESENCE

In an increasingly technologically connected and public world, students are encouraged to remain mindful of online behavior and its consequences, including the use of social networking, blogs, personal websites, listservs, and email. It is likely that students, clients, the parents of minor clients, supervisors, potential internship and externship sites, research participants, and future employers may be interested in searching or accessing online information about you. While all of the information that may exist about you may not be within your control, students are urged to exercise caution and restraint and to utilize safeguards when possible. Activities online, including those that you may consider purely personal in nature, may come to reflect upon your professional life.

In addition to your own sense of ethical behavior, keep in mind the ideals of the preamble to the APA ethics code in which we aspire to do no harm to our clients, our research participants, or the profession with our actions. With this in mind, you are encouraged to consider the following cautions and suggestions:

* 1. When you are posting something that may be publicly accessible, consider the possibility that each of those groups listed above (clients, clients’ parents, research participants, employers, etc.) may view it, and evaluate it from their own perspective.
  2. With social networking sites such as Facebook, utilize privacy settings to limit access to your pages and personal information. Use thoughtful discretion when considering “friend” requests and consider the boundary implications. For example, it is not advisable to become virtual “friends” with clients or former clients or undergraduates for whom you have supervisory or evaluative responsibilities. In addition, friends of friends may be able to access your site, and you should be aware of this.
  3. Do not post or comment online about your clients, research participants, or students. The desire to consult about stressful interactions is understandable, but such conversations should be off-line, in a thoughtful and sensitive manner, taking ethical guidelines about respect and confidentiality into account.
  4. With email, keep in mind that everything you write may exist perpetually or be retrievable. Emails sent via the GMU email system are considered public records and the property of GMU. Participation in listservs include the peril of inadvertently writing things to a much more public audience than intended, so be cautious with posts to such forums. Email is not an appropriate venue to discuss confidential information, so if such communications are necessary, make sure any information is non-identifiable.
  5. Email “signatures” should be professional and appropriately represent one’s status and credentials. Students are encouraged to consider adding a confidentiality disclaimer to email signature files - and are required to do so for any email communication with clients. Any communications with clients need to come from your GMU email account and should remain limited to scheduling only.
  6. Be mindful of voicemail greetings if you utilize a private phone for any professional purposes (clinical work, teaching, or research). Make sure that such messages reflect a maturity and professionalism that you would want to portray to the public.
  7. Online photo and video sharing, including within social networking sites, should be considered very public venues. Use discretion when posting such information.
  8. As an employee of George Mason University, you must be careful to make sure your personal communications and postings are not perceived to be associated with the university, and that they do not violate GMU policy. In particular:

1. Follow policy 1301 (responsible use of computing) and any other applicable GMU policies.
2. If your blog, posting, or other online activities are inconsistent with or would negatively impact GMU’s reputation or brand, you should not refer to GMU, or identify your connection to GMU.
3. Write in the first person. Where your connection to GMU is apparent, make it clear that you are speaking for yourself and not on behalf of GMU. In those circumstances, you may want to include this disclaimer: “The views expressed on this [blog; website] are my own and do not reflect the views of my employer.”

It is not the intention of the clinical psychology program to interfere in your personal life or to limit your ability to enjoy the benefits of online activities, express your personality or opinions, or have fun. However, as technology advances, the line between our public and private lives is increasingly blurred, and as with off-line activity, we encourage you to be mindful of the implications and make efforts to protect your professional image and reputation. This is particularly important when it comes to online activities because they are potentially indelible. If the program becomes aware of online activity that represents a violation of the APA Code of Ethics, local, state or federal laws, such information may be included in evaluation of student progress and may be grounds for disciplinary action, including dismissal from the program.

Resources for further discussion & guidelines on online presence for psychologists:

Website of a psychologist who writes & does trainings on these topics for clinicians: <http://drkkolmes.com/clinician-articles/#general%20guidelines>

Discussions on APA website: <http://www.apa.org/monitor/2010/07-08/internet.aspx>

# THE CLINICAL PRACTICUM SUPERVISOR

## The Supervisor-Supervisee Relationship

It is the responsibility of the supervisor to provide feedback and guidance, evaluate the student’s clinical skills, and serve as a role model during the early development of the student’s clinical skills.

The supervisor supervises the student’s work with psychotherapy and/or assessment clients. The number and type of clients to be seen by students depend on the course/practicum experience, and are established at the beginning of the course/practicum. In addition, the comprehensive assessments completed with Center clients during the second year must be completed within eight weeks of the assignment.

The nature of the supervision experience will vary among supervisors. Different supervisors may emphasize different clinical techniques and theoretical approaches. In addition, the format of supervisory sessions may differ. The form in which clinical material is presented and discussed also will vary among supervisors (e.g., listening to taped sessions versus watching sections of videos). This information, including both student and supervisor responsibilities in the supervisory process, will be clearly outlined in a Supervision Contract that will be reviewed and signed by both parties, prior to the start of supervision in practicum courses. There are some basic similarities in what supervisors will do, as specified in Supervisor’s Responsibilities (below).

The supervisor evaluates the student’s clinical skills at the end of each semester and completes the Practicum Evaluation Form (See Appendices), which becomes part of the student’s permanent record.

Students also evaluate the supervisors at the end of each semester using the Practicum Evaluation Form (See Appendices). These evaluations are submitted to the DCT.

## Supervisor Responsibilities

1. Knowledge about the use and interpretation of the major assessment instruments/strategies routinely used in the clinical assessment courses and practica, including:

WAIS and WISC Child Behavior Checklist BDI

Diagnostic interviewing MMPI and PAI Woodcock-Johnson

1. Familiarity with the APA Ethical Code.
2. Listening to recordings of students’ interactions with clients on a regular basis. The way in which tapes are used as a supervisory tool will vary among supervisors.
3. Providing at least 60 minutes of supervision per week.
4. Providing ongoing feedback to each supervisee either verbally or in writing.
5. Completing the Practicum Evaluation Form and reviewing it with the student at the end of each semester.

**7**. Distributing the Practicum Supervisor Evaluation Form to their supervisees at the end of each semester.

**8**. Helping/training students to use consultants, including other members of the faculty.

**9.** Familiarity with the Clinical Program Handbook and the Center for Psychological Services Handbook.

**10.** Attending the Center for Psychological Services Orientation at the beginning of the Fall semester.

**11.** Maintaining a professional manner in connection with clients and supervisees. This includes returning phone calls and replying to emails promptly, being on time for meetings, spending adequate time on each case, and reviewing and initialing client file entries.

**12.** Returning reports, progress notes, and other written material to supervisees in a timely manner. Supervisors are required to provide feedback to students on drafts of psychological assessment reports within *one week* of receipt of the report.

**13**. Reviewing with students the lists of supervisors and supervisees’ responsibilities and the forms used for evaluation, during the first supervision meeting of the year.

## Supervisee Responsibilities

1. Bringing recordings of therapy and assessment sessions or process notes to supervision as requested by the supervisor.
2. Making sure that assessment instruments and scoring have been checked by the appropriate Center staff before they are presented in supervision.
3. Promptly completing psychological reports, process notes, intake and termination summaries and other written material.
4. Making and maintaining client contacts in a prompt and professional manner.
5. Familiarity with the current APA Ethical Code.
6. Familiarity with the policies and procedures of the Center for Psychological Services.
7. Attending the Center for Psychological Services Orientation at the beginning of the Fall semester.
8. Treating clients and supervisors with respect and professionalism, including being on time for supervision.
9. Being prepared for supervision, including reviewing recordings ahead of time, and formulating questions for the supervisor.
10. Completing and turning in to the DCT the evaluation of the Practicum Supervisor Evaluation Form.

# THE CENTER FOR PSYCHOLOGICAL SERVICES

The George Mason University Center for Psychological Services (formerly the Psychological Clinic) has been in operation since 1976 and is the primary training facility for students completing practicum requirements in the clinical psychology doctoral program and school psychology MA/CAGS program. The Center is located off campus, within the northern Virginia community to allow for easier access by clients who are from northern Virginia, the District of Columbia, and Maryland. Center services include intellectual, academic, and psychological assessments; evidence-based therapy interventions for individuals, couples, and families; evidence-based group therapy; mental health evaluations and a variety of psychological consultations. All clients who are seen at the Center are asked to participate in the Center research database. In addition, The Center Mission Statement encourages clinical research at the Center.

Center staff positions allow some students to receive hands-on training in various aspects of mental health administration as well as to further assessment experience. The Center staff includes a head administrator, administrative staff, and several graduate students who receive stipends for working in various administrative and clinical service positions. The Center Director, Dr. Robyn Mehlenbeck, a licensed clinical psychologist, supervises the staff members.

A Center Handbook describes Center policies and procedures, including guidelines for personnel using the Center (e.g., confidentiality, supervision, scheduling), procedural guidelines for assessment and psychotherapy, commonly used forms, how to use the electronic medical record, and ethical principles of psychologists. The Center orientation is held each year on the Friday before the start of the Fall semester classes. All clinical and school psychology students attend this orientation yearly.

## Proper Attire

The Center for Psychological Services has a professional dress code.  Students and faculty in the suite during service hours are expected to abide by the dress code, even if he/she is not working with a client.  Prohibited at the Center are blue jeans, shorts, mini-skirts, tank tops/camisoles (unless covered with an over-shirt of some sort), sneakers, flip flops, caps, and any attire that is excessively revealing. Clients come to the Center to consult with a professional.  Attire that is too casual or too revealing takes away from the professional atmosphere and can influence a client's perception of the quality of service and client confidence in the person delivering the service.

## Criminal Background Investigations

Because the Center provides services to minors, in accordance with University and Department of Psychology policy, all incoming clinical doctoral students will be subject to a criminal background investigation before the beginning of the Fall semester. More information on this policy can be found at: <http://hr.gmu.edu/emp_relations/cbc/>

# CONFERRAL OF MASTER’S DEGREE

Students who have been admitted to the doctoral program with a concentration in clinical psychology may apply for the M.A. in Clinical Psychology upon completion of the 30 credits of coursework designated below. Students must also be in good standing in the program, as determined by the DCT.

The M.A. is awarded only to students admitted to the clinical doctoral concentration. The M.A. may qualify the student for a larger salary in University positions, as well as increasing his or her eligibility for off-campus employment.

The student must initiate and complete all the administrative procedures for obtaining the Master’s degree, including the following:

1. Fill out your [secondary master’s program application](http://registrar.gmu.edu/wp-content/uploads/GSMA.pdf) form prior to the semester in which you intend to graduate.
2. Checking and/or updating your graduation expected date on [Patriot Web](http://patriotweb.gmu.edu):
3. Submitting a “Graduation Intent Forms (GIFs) via Patriot Web
4. Requesting to change all “IP” to final grades.

## Requirements:

**Four foundation courses (14 credits)**

Psychological Assessment I (PSYC 810) (4)

Psychological Assessment II (PSYC 811) (4)

Scientific Foundations of Clinical Psychology I (PSYC 822) (3)

Introductory Helping Skills and Motivational Interviewing (PSYC 860) (3)

**Two practicum courses (6 credits)**

Cognitive Behavioral Therapy for Youth (PSYC 861) (3)

Cognitive Behavioral Therapy for Adults (PSYC 862) (3)

**Three courses in advanced statistics and research methods (10 credits)**

Methods for Social Research (PSYC 644) (3)

Advanced Statistics I (PSYC 611) (4)

Regression (PSYC 754) (3)

# THE COMPREHENSIVE EXAMINATION

The University requires that all doctoral students undergo a written comprehensive examination, with the option of an oral examination in addition to the written examination. The comprehensive examination in Clinical Psychology consists of two parts: (1) a research paper to evaluate the student’s research knowledge and abilities and (2) a clinical paper and oral examination to evaluate the student’s clinical knowledge and abilities.

## The Research Comprehensive Examination

By December 1 of the third year, students are required to complete, under the direction of the research advisor, an empirical research project involving either the collection of new data or an original analysis of existing data. Notably, it would be best to have it completed by September 1if at all possible. Students should talk to advisors to determine the best timeline for their project and plans. The project should include attention to contextual elements (e.g., interpersonal relationships, other systems, culture, etc.), either by addressing contextual elements directly in the design of the study and/or the conceptual model that frames it. The project must be initiated after the student has entered the clinical program and must be approved by the research advisor before work on the project can begin.

By August 1 of the second year, the student will write a letter of intent (see relevant section in this handbook) and submit it to faculty for feedback. The student will then write by December 1 of the third year an APA-formatted article that is suitable for submission to a peer-reviewed journal. (Actual submission to a journal is not required as part of the examination).

The article will be graded by three members of the clinical faculty—the research advisor and two other members of the clinical faculty to be selected by the student and the advisor. The second and third committee members may function as consultants during the formulation and post-feedback review of the LOI. A non-clinical faculty member may fill the role of second reader if the project warrants it (see LOI section of this handbook).

In the case that circumstances beyond a student's control prevent them from meeting the deadline for submitting the article, they must request an extension from the faculty, at least two weeks before the deadline or as soon as possible after those circumstances arise. The student and their advisor should submit a written request to the DCT, with an explanation and request for a new deadline. The DCT will consult with the faculty and will respond to the request within a week. If a student does not submit their paper by the deadline and does not have an approved extension, the student fails the exam.

The article will be graded using the **Clinical Research Comprehensive Examination Feedback Form** (See Appendices). Students must receive an **average score of 3 or higher** to pass the examination.

The three readers will complete the feedback form jointly and sign the form. The advisor will review the form with the student, who will then also sign the form. The signed form will be submitted to the DCT by October 1.

In the fall semester of the third year, each student will give a brief presentation (up to 30 minutes) based on the article to a meeting of the Clinical Faculty and students. The presentation will not be graded.

### *Procedures following failure of exam:*

* The clinical faculty as a whole will review the article and meet to discuss and make recommendations for a remediation plan.
* By February 1, the advisor and student will submit to the DCT a remediation plan based on the recommendation of the clinical faculty. This plan will consist of specific revisions that must be made in the article in order to earn a passing grade. The plan may also consist of remediation experiences such as additional coursework, directed readings, consultation with statistical consultants, etc. The plan must be signed by the advisor and student and dated.
* A revised article must be submitted by the following September 1.
* The same three-person committee will review by October 1 the resubmitted article following the procedures used in the first review.
* *Failure to obtain a passing grade on the revision will result in dismissal from the Clinical program.*

## The Clinical Comprehensive Examination

### *Overview and eligibility*

The clinical comprehensive exam includes both a written and an oral component. A student selects a client for whom s/he has conducted an intake within the past several months, writes a conceptualization of this client’s case, and presents two videotaped portions of a session with this client to a faculty committee assigned by the DCT. The committee then examines the student for basic clinical skills and case conceptualization.

The oral exam can be completed anytime during the Fall or Spring semester of the third year, and must be completed by the final day of the Spring semester of the third year. To be eligible, the student must have completed all coursework required in the first two and a half years of the program with a grade of “A” or “B” (+ or -).

### *Detailed Student Instructions*

1. During the Fall or Spring semester of the third year, you will select a therapy case to use for your Clinical Oral Comprehensive Exam.
   1. The case should be someone YOU did the intake with (NOT a transfer case), with a total of 3-15 sessions completed at time of proposal.
   2. The case should NOT be one where the client has been extensively tested and diagnosed elsewhere, unless you also did your own testing and diagnosing.
   3. If you are having difficulty identifying a case that meets these specific parameters, contact the DCT.
2. Once you have selected a case and have decided what theoretical frameworks you will use fill out the Case Description Sheet (see Appendices) and send it to the DCT, who will approve the form or request any clarification that is needed within a week. After final approval of the form, the DCT will assign you a committee.
3. You will write a paper on the case you have selected. The paper should be a maximum of 15 to 20 pages of text (double-spaced, 12-point font, 1-inch margins, APA style); however, it CAN be less! Succinct writing is valued. The reference list is not included in the page total.

The paper should include three primary sections:

* 1. *Section 1:* Intake Assessment (8A, 9B, C, G, F)
     1. Presenting complaint
     2. Relevant history:

1. Almost always includes: academic history, family environment growing up, family mental health history, job history, social history, medical history, treatment history, trauma history (if present), sexual functioning, relevant cultural context and social identity (SES, race, ethnicity, sexual orientation, gender identity).

2. Assessment should yield data to support conceptualization (e.g., information regarding thoughts and behaviors for CBT conceptualization; thorough information regarding relationships for IP conceptualization)

* + 1. Procedures used (including clinical interview, any measures, collateral info, etc.), including the rationale for the use of each assessment instrument.

1. Select appropriate evidence-based assessment methods to answer diagnostic questions. Evidence-based assessment includes multi-method assessment (behavioral observation, questionnaires, interviews) and multi-informant report as appropriate (e.g. child, parents, and teachers).

* + 1. Diagnosis

1. Must include accurate use of DSM-5.

2. Be sure to provide a description of the symptoms that the client reported to support selected diagnoses. Also provide an explanation for differential diagnosis (i.e., what other diagnoses were considered, and why).

v. Individual and Cultural Diversity

1.Integrate knowledge of individual and cultural diversity and context into assessment and diagnosis. Individual and cultural diversity and context includes all aspects of social identity (e.g., race, gender identity, age, social class) that influence the case.

* 1. *Section 2:* Assessment Conceptualization/Formulation. (2A-D, 6A-C, 8A, 9E)
     1. In the conceptualization/formulation section, you will present an explanation of the development ***and*** maintenance of the client’s problems. This explanation should be rooted in theory, defined as a coherent understanding of the etiology and maintenance of problems that uses a distinct terminology. Examples (**NOT** an exhaustive list) of theory include: Social-Cognitive Learning, Biosocial, Family Systems, Attachment, Psychodynamic, Humanistic, Existential, and Feminist.

ii. This section must include at least one theoretical framework, and must apply it to the individual’s case history using information from the assessment section.

1. Be sure that you use appropriate terminology and citations to demonstrate your understanding of the theoretical framework(s) being used.

2. Include discussion of why this theoretical framework is recommended.

3. The conceptualization should include attention to contextual factors (e.g., interpersonal relationships, culture, other relevant systems, etc.) relevant to the development and/or maintenance of the client’s problems.

4. The conceptualization should account for a ‘full picture’ of the client’s problems. For example, the conceptualization should not leave out an explanation for one source of distress while focusing on another.

* 1. *Section 3:* Intervention Plan (3A, 6A-C, 8A, 10A)
     1. Should be in the form of an initial treatment ***plan***, directly tied to diagnosis and the conceptualization (or one of two conceptualizations if two are written up) presented in Section 2. This should ***not*** be a description of how the course of therapy has actually gone.
     2. Should clearly describe the selected treatment approach(es). Include specific targets and specific techniques for those targets – the techniques should be explicitly tied to a specific target, and you should be able to explain why this technique was chosen to address that specific target.

1. Should demonstrate consideration for the order of treatment.

2. Should provide an explanation of frequency of sessions.

* + 1. Should include a consideration of common factors in this particular case. This may include a discussion of therapist-client relationship and how this may impact treatment.
    2. Should include discussion of any anticipated challenges or road blocks in carrying out the treatment plan and how they may be overcome.
  1. *Section 4:* Integration of knowledge of science and evidence-based practice into clinical thinking and planning (5C, 6A-C, 8A, 10A)
     1. Wherever relevant in the three sections above, be sure that you integrate the relevant research. You may emphasize it more in some areas than in others. This should involve synthesis of information, rather than citations of individual studies (unless individual studies are all that exist for a specific piece of information).
     2. Some examples of how this might be included are provided below, but this list is not meant to be exhaustive, nor is it meant to imply that all of these should be addressed (in fact, they likely cannot all be addressed in any one case).

1. Examples: Research regarding common comorbidities, theoretical frameworks selected, support for choice of measures, most likely response to treatment (e.g., how many people typically remit? What type of reduction of symptoms can be expected?), importance of common factors, and anticipated roadblocks and how to overcome them.

2. Research will not only include foundational work in the area, but should also include more recent literature. For example, students should include recent reviews or meta-analyses regarding the treatment chosen.

1. Consultation with faculty or peers on the comps case will be limited to guidance in seeking out resources, rather than assistance in writing the paper. When consulting with anyone (faculty or peers) about a potential comps case, you should make the faculty member aware that it may be a case you will write about for comps. All work on the **written document** should be independent, with no consultation from any outside sources.
2. Once you have your assigned committee, consult them to schedule the oral defense.
   1. Meetings will last approximately 2 hours. The committee will meet for the first 30 minutes, without you. You will then be present for the oral defense, which should last approximately 1½ hours (this includes time for feedback).
   2. Reserve a room at the clinic for 2.5 hours, to allow for extra time in case it is needed.
3. A minimum of one week before the meeting, e-mail a password-protected copy of your paper (which should include no client-identifying information) to your committee members.
4. Before and during your defense, your committee members will also evaluate your helping skills by watching two sections of a session with the client you selected for the comprehensive exam. You will choose one 10-minute section you would like your committee to watch, and the committee will select another 10-minute section from the same session.
   1. The committee will watch the 10-minute section that you select immediately before the defense (during the 30-minute window when they meet without you). Make sure your committee has the DVD with information about your chosen section by the time they meet.
   2. The committee will select a second 10-minute section from the same DVD, which they will watch with you during the oral defense.
5. The oral defense portion of the exam will have two parts.
   1. The first part will focus on clarifying or elaborating issues raised in the written paper.
   2. The second part will focus on your general helping skills, as demonstrated in the sections of the session your committee has seen (see point #7 above).

### *Summary of Timeline:*

* Choose case and submit form sometime during fall or spring semester
* DCT responds with committee assignment a week after form is submitted.
* Student makes appointment with committee for defense. Appointment is a maximum of 8 weeks later.
* Student submits paper to committee at least one week before the meeting.
* Student and faculty meet immediately after defense for verbal feedback.
* Faculty give written feedback to student one week later.
* The defense (but not necessarily the revision and feedback process) must be completed by the last day of finals of the Spring semester of the third year.

### *Faculty committee assignment and responsibilities*

1. When students submit the Case Description Sheet to the DCT, the DCT will review the case, assign two faculty members to the committee, and appoint one of them as chair. The Chair is responsible for written feedback and administrative paperwork. As much as possible, committee members are assigned based on their expertise with the potential conceptualizations expected based on the Case Description Sheet. One committee member will be a faculty member who does ongoing supervision at the Center. However, the direct supervisor of the particular case will not be on the committee. A student who has good reasons to believe that one or both of the members of his/her committee will not be able to judge his/her performance in a fair and unbiased manner can appeal to the DCT for a change in the composition of the committee.
2. Committee members are expected to read and grade the written portion of the clinical oral comprehensive exam prior to the oral defense date.
3. On the defense date, committee members will meet 30 minutes before the actual defense is scheduled. During this 30-minute time period, the committee will:
   1. Compare and discuss their grades on the written paper, and discuss questions that should be asked during the clarification portion of the oral defense (approximately 10-15 minutes);
   2. Watch the 10-min segment of a session chosen by the student for helping-skills assessment, and discuss questions that should be asked during the helping-skills evaluation portion of the oral defense (approximately 15-20 minutes).
4. At the time of the oral defense, the student will join the faculty. It is expected that the oral defense will take approximately 1 hour to 1 hour 15 minutes, including:
   1. 30-45 minutes for clarification of written exam
      1. Graded based on domains #1-4 (see grading criteria in appendices)
   2. 15-30 minutes for helping skills video
      1. Graded based on domain #5 (see grading criteria in appendices).
5. After the oral exam is complete, the committee will meet for an additional 10-15 minutes to discuss any need for re-writing and final grades, based on grading criteria (see appendices). Faculty will alert the student’s advisor as to the outcome of the exam on that day. Faculty will provide written feedback, including any instructions for re-writing, within a week, copying the student’s advisor. Once grades for all sections of the report are final, copies of the grading sheet will be provided to both the student and the DCT and places in the students file in the Graduate Programs Coordinators office.

## Grading and Consequences

The examination has five possible outcomes—fail, rewrite/remediation, pass pending approved revisions, pass, and high pass (see Appendices for details on grading process and grading form). A grade of **remediation/rewrite** or **pass pending revisions** will come with specific instructions and a deadline recommended by the committee, with consultation from the clinical faculty as needed. The remediation/rewrite/revisions are the responsibility of the student, and will be evaluated by the committee after completion. Remediation must be documented. The committee will have 2 weeks to evaluate the revised product and provide a grade and feedback to the student. If the revised grade remains a **remediation/rewrite**, the result is a **failure** on that comps. If the revised grade is a **pass pending revisions**, the student follows the same process to address the feedback until earning a **pass**. Note: the highest final grade for a paper that originally receives a **remediation/rewrite** or **pass pending revisions** is a **pass** (no **high pass** can be assigned for a comprehensive report that originally required revisions).

A student who fails the examination should meet with the DCT in order to develop a competency remediation plan (see Appendices) and time frame for re-examination, which will be signed by both parties. The DCT will consult with other faculty about the plan as necessary. The student should also document completion of the remediation plan, with sign-off from whichever faculty or supervisors are involved. Once the remediation plan has been successfully completed, the student must be re-examined with material from a new client with the same specifications as above.

*A student who fails this second oral examination will be terminated from the Clinical program.*

### *Grading Criteria for Primary Domains of Clinical Comprehensive Exam*

1. Ability to Conduct Appropriate Assessment
   1. Knowledge and Application of Assessment Methods (8A, 9B, C, F, G)
      * Selected appropriate evidence-based assessment methods to answer diagnostic questions.
      * Skillfully gathered relevant client information to aid in conceptualization (e.g., relevant history as well as functional/dysfunctional thoughts, behaviors, emotions, and social interactions.
      * Findings are communicated effectively.
   2. Diagnosis
      * Used assessment information gathered to develop an accurate psychiatric diagnosis.
   3. Individual and Cultural Diversity
      * Integrated knowledge of individual and cultural diversity and context into assessment and diagnosis. Individual and cultural diversity and context includes all aspects of social identity (e.g., race, gender identity, age, social class) that influence the case.
2. Assessment Conceptualization/Formulation (2A-D, 6A-C, 8A, 9E)
   1. Developed a case conceptualization that integrates assessment results, contextual factors (including culture), current research, and at least one evidence-based theoretical orientation.
3. Intervention Plan (3A, 6A-C, 8A, 10A)
   1. Developed an evidence-based intervention plan, using at least one consistent theoretical orientation, that is tied to both diagnosis and assessment conceptualization/formulation.
   2. Informed by research and knowledge of professional standards.
4. Integration of knowledge of science and evidence-based practice into clinical thinking and planning (5C, 6A-C, 8A)
   1. Through effective written communication, demonstrated how scientific research was used to inform assessment methods, case conceptualization, and intervention planning.
   2. This aspect will stretch across all 3 areas above, and students may emphasize it more in some areas than in others.
5. Relationship and Intervention Skills (5A-C, 10B) *(evaluated via video clips and oral evaluation only – see below)*
   1. Demonstrated the development of a productive/respectful therapeutic relationship, used appropriate affect and clear verbal/nonverbal communication, and displayed strong intervention skills.
   2. Demonstrated ability to build rapport, demonstrate empathy, listening skills, and assertiveness.

### *Grading Rubric*

Each individual domain will be graded using a 4-point scale:

0 = Fail Inarticulate, vague, clearly below what is expected of a student at this level

1 = Rewrite/ Underdeveloped, clear area of significant weakness, below what is

Remediation expected of a student at this level

2 = Pass Clear, complex, concise, expected performance of a student at this level

3 = High Pass Exceptional, better than expected of a student at this level

The overall exam will be graded on the same 4-point scale, but with 5 actual possible scores:

0 = Fail

1 = Rewrite/Remediation

2 = Pass with revisions

2.5 = Pass

3 = High pass

### *Grading Process*

1. Domains 1-4
   1. Each committee member reads the written product and assigns a grade for each major domain
   2. Committee members compare ratings in pre-defense meeting, generate questions for first half of oral defense
   3. After the oral defense, committee members re-visit any areas of concern or disagreement to assign a final grade on each domain
      * Note: Adequate performance in oral portion *cannot* override clear inadequacies in written component
        + Can help clarify, overcome marginal areas of concern
        + Can help clarify potential remediation/rewrite or revision assignment for areas of concern
   4. Any domain scored a 1 must be addressed via a rewrite or some other remediation plan specified by the committee, as part of either a “rewrite/remediation” or “pass with revisions” grade
   5. One domain scored a 0 results in either a rewrite/remediation plan or a failure of the comprehensive exam, pending the decision of the committee.
   6. Two or more domains scored a 0 result in an automatic failure of the comprehensive exam.
   7. Significant grading discrepancies among committee members may be addressed by the clinical faculty
2. Domain 5
   1. In the pre-defense meeting, the committee members watch one 10-minute segment of an intake session for the case, selected by the student. During the second half of the oral defense itself, the committee will watch a second 10-minute segment that is selected from the same session by the committee.
   2. Committee members generate questions about the first 10-minute segment during the pre-defense meeting. Questions on the second 10-minute segment are generated while watching it with the student, during the second half of the oral defense.
   3. After the oral defense, committee members assign a final grade for Domain 5.
   4. A score of 1 results in a remediation plan and/or the need to retake the second half of the oral evaluation.
   5. A score of 0 results in a failure and a remediation plan. The second half of the oral evaluation must be retaken with a new case.
3. Example rewrite/remediation plans
   1. Rewrite a particular portion of the written component, based on feedback from the faculty
   2. Write an addendum that addresses an area of weakness (e.g., summary of research on common comorbidities for a particular diagnosis)
   3. Retake the basic helping skills course
   4. Have additional therapy supervision targeting the problem areas for a specified time period (e.g., one semester)

# ADMINISTRATIVE ACTIONS ASSOCIATED WITH STUDENT EVALUATION

At the end of each semester, the Clinical Faculty meets to evaluate students. This includes feedback from your research advisor, instructors, practicum supervisors, and other supervisors. Please note that, because you are a student in a clinical psychology training program, supervisors cannot guarantee confidentiality of information gained in supervision, if it is relevant to your overall progress in the program. We do, however, strongly and firmly commit to honoring and respecting all information we receive in supervision about you and/or your clients and keeping all such information confidential to the degree possible.

At the end of the Fall and Spring semesters, each student will receive the Summative Evaluation form (see appendices) completed by her/his advisor, summarizing the results of the advisor’s evaluation and faculty meeting. Together the student and advisor will review this form and identify and/or evaluate progress on student goals. Both student and advisor sign this form and then send it to the DCT for signature. After reviewing and signing the form, the DCT sends the form to the Program Coordinator to place in the student’s file. In exceptional circumstances, additional outcomes include the following (except dismissal, which is a University decision):

## Probation

A student is placed on probation when the faculty has serious concerns about his/her progress in the program or his/her professional conduct. Probation increases the likelihood of termination from the program. When a student is placed on probation, he/she will be given in writing the specific reasons for the decision and the specific conditions that must be met for removal of probation. The DCT, student, and his/her advisor will be required to develop a written competency remediation plan (see Appendices) for remediation. At the end of the probationary period, the Clinical faculty will meet to determine whether or not the student’s progress has been sufficient to warrant (1) taking the student off probation, (2) continuing probation, or (3) termination of the student from the program.

## Termination

A student may be terminated from the Clinical program when the faculty judge that the student is not making sufficient progress in the program and is not an appropriate candidate for a doctoral degree in Clinical Psychology. Causes for such action include, but are not limited to, unsatisfactory grades in courses, inadequate progress toward the completion of the degree, and failure to perform competently in practicum, externship, and internship settings. Termination means that the student may no longer enroll in coursework as a student in the Clinical program and cannot earn the PhD with a concentration in Clinical Psychology. It does not, however, preclude the student from applying to or taking courses in other programs of the Department of Psychology or the University.

## Dismissal

This is a formal action taken by the University, usually as a result of accumulation of more than 9 hours of unsatisfactory graduate grades. The University may also dismiss students if they exceed the time limit for program completion after advancement to candidacy (five years, including internship). Violations of the University Honor Code may also result in dismissal. Dismissal disqualifies students from all further courses and programs at the University.

# ADVANCEMENT TO CANDIDACY & TIME LIMIT TO COMPLETION

## Requirements for Advancement to Candidacy

Before doctoral students may be advanced to candidacy by the Dean, they should have (a) completed ALL COURSEWORK except for proposal/dissertation hours, including electives; (b) passed comprehensive candidacy examination(s); (c) have an approved POS on file; and (d) been recommended by the doctoral program director for advancement. If the student has not completed any course other than dissertation proposal or dissertation, they are not allowed to advance.

When a student’s record is reviewed, if the student has completed all courses listed on the Program of Study, they will be permitted to advance. If the student has not completed all courses, they are not allowed to advance until the remaining course(s) has been completed.

Students wishing to advance to candidacy should ensure they meet all requirements then request that their adviser recommend them for advancement to their program director. Assuming the program director approves, he/she should notify the Graduate Programs Coordinator of their approval via email. Once received in the Graduate Programs Office, the request will be recorded and forwarded onto the Dean’s Office for approval.

## Time-Limit for Advancement of Candidacy

For both full-time and part-time students enrolled in doctoral programs, whether entry is post-baccalaureate or post-master’s, the total time to degree will not exceed nine (9) calendar years from the time of first enrollment as a doctoral student. Doctoral students are expected to progress steadily toward their degree and to advance to candidacy within no more than six (6) years, although colleges may set a shorter time limit.  
  
 Students who do not meet published time limits because of compelling circumstances may petition their dean for a single extension of one calendar year at any point during their program. If such an extension is granted, the total time limit for completion of the degree will not exceed ten (10) years. Reenrollment following an absence from Mason does not change the student’s time limit, which is based on the date of initial admission. Failure to meet the time limits or to secure approval of an extension request may result in termination from the program. Faculty and students share in the responsibility to progress toward completion of degree requirements, and faculty must be actively involved in helping students conform to the nine-year time limit. Advancement will only occur during the add/drop period at the beginning of each term. Requests for Advancement must be made no less than 1 week prior to the first day of the term and all supporting documents must also be on file with the Graduate Programs Office.

# DOCTORAL DISSERTATION COMMITTEE

This committee is responsible for approving the doctoral dissertation proposal and final dissertation, in addition to providing oversight on certain aspects of the dissertation such as research design, data collection, data analysis and writing. This committee reads the various drafts of the dissertation guiding the student in the direction that the dissertation should take and directing the student in the various changes that are necessary. Although the committee has the ultimate responsibility for the dissertation, the Doctoral Dissertation Committee advisor gives the primary guidance to the student.

## The Composition of the Doctoral Dissertation Committee

### *Selection of Advisor*

Dissertation projects usually are developed under the direction of the clinical faculty advisor. However, students are free to ask non-clinical faculty members to serve as dissertation advisors. The dissertation advisor must be a full-time tenured or tenure-track faculty member in the Department of Psychology.

### *Dissertation Committee*

The dissertation committee is responsible for supervising and approving the dissertation proposal and the final dissertation. The committee consists of the advisor, one other faculty member from the Clinical area, and at least one other member of the graduate faculty at George Mason University. Graduate faculty members are typically full-time tenured or tenure-track faculty members, although term (non-tenure-track) faculty members also are eligible for appointment as graduate faculty. Additional (beyond the three required) committee members may be selected from inside or outside the University.

The dissertation advisor provides the primary guidance and serves as chair of the committee. The roles and functions of the other members will vary depending on the preferences of the advisor and the other committee members.

If a member of the committee resigns at any point of the dissertation process, the student must immediately find a replacement and notify the DCT. Neither the proposal nor the dissertation can be approved without a complete committee, as specified above.

## Thesis and Dissertation Committee Composition Form

Once a student has identified those who will serve on their respective committees, they should have each member sign the [Thesis and Dissertation Committee Composition Form](http://psychology.gmu.edu/graduate/formsgrad). The student should obtain both the printed and signed name of each member of their committee along with their respective Program Director and turn the form into the Graduate Programs Coordinator, 2013F DKH. Students are **strongly** advised to submit this form prior to holding a Thesis/Dissertation Proposal meeting.

# THE DOCTORAL DISSERTATION

The Doctoral Dissertation Committee guides the student in the preparation of the dissertation. Specific guidelines may be found at: http://library.gmu.edu/udts. A minimum total of twelve (12) hours of PSYC 998 and 999 is required for the doctoral degree (at least 3 hours each of 998 and 999). Students enroll in PSYC 998 while working on their proposal. Students cannot enroll in 999 until their proposal is formally approved and they have advanced to candidacy (see Section 18.3 below). For more information on registering for PSYC 998 and 999, please contact the Graduate Programs Coordinator.

## Writing the Proposal

One of the first stages in proposing your dissertation will be the submission of a letter of intent (LOI). See LOI section in handbook.

Specific guidelines for the written format and style of the proposal and final dissertation can be found in the [*Guide for Preparing Graduate Thesis, Dissertation, and Projects*](http://thesis.gmu.edu/index.html). The proposal and dissertation typically comply with guidelines found in the *APA Manual of Style*. If the *Manual* and the *Guide* conflict, the rules of the Guide prevail.

Different advisors and committees may have different expectations for the writing of the proposal and different styles of supervision. The student should determine as early as possible these expectations and supervisory styles but generally, students will conduct and write up a theoretical and empirical literature review designed to inform their research question(s). **There are three acceptable options for a dissertation proposal. First, students can write a comprehensive literature review that could become a published manuscript and a well-articulated methods section and proposed analyses for a planned research study. Second, students can write a focused literature review that provides the foundation for two closely connected, but separate, research study proposals with detailed methods and proposed analyses. Third, students can write a brief literature review that helps tie together two separate research studies that have distinct introductions, methods, and proposed analyses.** No guidelines can be provided here concerning how long the proposal or dissertation should be, how large the research samples should be, how many drafts should be written, how often one should meet with the committee, how often one should meet with individual members of the committee, how one should resolve differences among committee members, and other such matters. The student should consult with the advisor and the committee on these matters.

## Approval of the Proposal

The committee members indicate their approval of the proposal by signing the [Dissertation Proposal Signature Sheet](http://psychology.gmu.edu/graduate/formsgrad) as well as assigning a passing grade (average of 3 or higher) and approving the dissertation “as stands” or with “minor revisions” on the Dissertation Proposal Competency Evaluation Form (see Appendices). In the event that the committee does not approve the proposal due to the need for significant revisions, a revised dissertation proposal must be submitted and re-evaluated by all committee members using the same procedures. The completion of dissertation forms occurs at the end of a meeting of the committee without the student present. Upon completion, the committee and student then discuss the evaluation, the proposal, and confirm the final design of the study, appropriate data analysis, and other matters.

As evidenced on the Dissertation Proposal Competency Evaluation Form, the dissertation proposal and oral defense are evaluated on adequate demonstration of the following dimensions:

* 1. Theory
  2. Scientific Foundation
  3. Scientific Writing
  4. Research Methodology and Analyses
  5. Scientific Thinking
  6. Ethics and Individual/Cultural Diversity & Context in Research
  7. Professionalism, Communication, and Interpersonal Skills

After approving the proposal (as stands or with minor revisions), the committee may not require significant modifications to the methodology of the study. The Committee may require, however, additional statistical analyses beyond those planned and an updated literature review for the final version of the dissertation.

After the committee has approved the proposal and signed the Dissertation Proposal Signature Sheet and the Dissertation Proposal Competency Evaluation Form, the student and/or faculty should submit the following documents to the Graduate Programs Coordinator: Dissertation Proposal Signature Sheet (signed by all committee members); Dissertation Proposal Competency Evaluation Form (signed by all committee members); the final copy of the Dissertation Proposal; all completed written and oral rubrics from all committee members (Department Evaluation of Dissertation Proposal, Department Evaluation of Oral Presentation; see Appendices). The Graduate Program Coordinator will obtain the signatures of both the DCT and Associate Chair for Graduate Studies. The Graduate Programs Coordinator will then submit the Dissertation Proposal Signature Sheet (with signatures from all committee members, the DCT, and the Associate Chair for Graduate Studies) to the Dean’s Office.

***Data collection may not begin until the proposal has been approved by the GMU Human Subjects Review Board.***

## Registering for PSYC 999

Students may not begin enrolling in PSYC 999 until they have:

1. An approved dissertation committee as documented in the [Dissertation/Committee Composition Form](http://psychology.gmu.edu/graduate/formsgrad);
2. Successfully defended their dissertation proposal;
3. A copy of the [Dissertation Proposal Signature Sheet](http://psychology.gmu.edu/graduate/formsgrad) on file with the Dean’s Office (this is done by submitting a signed copy of the form along with a hard copy of the proposal to the Graduate Programs Coordinator);
4. All IP grades for PSYC 998 changed to S and;
5. Advanced to Candidacy.

Once a student begins taking 999, he/she is required to maintain continuous enrollment until he/she has graduated with exception to the summer term – provided they are not graduating in the summer. Continuous enrollment is required– regardless of whether the students need the credits. Failure to maintain continuous enrollment will result in the student being required to enroll and pay for any missed credits before their degree will be conferred.

Students are required to enroll in proposal (PSYC 998) in the term immediately preceding the one in which they submitted their Dissertation Proposal Cover Sheet to the Graduate Program Coordinators Office. In each subsequent semester thereafter, students are required to enroll in at least 3 credits of dissertation until they have completed the minimum 12 hours combined. Only after completing the minimum combined 12 hours of proposal and dissertation, may a student enroll in 1 credit of dissertation per term. Before the completion of 12 credits in 998/999, while a student is completing their dissertation hours, the University will only certify part-time enrollment status if the student is enrolled in 4.5 credits. Full-time status is awarded when: (1) a student is registered for 9 credits; (2) a student is registered for 6 credits with a 20-hour teaching assistantship; (3) a student is on internship and registered for ZREG 80; or (4) a student has completed at least 12 credits of 998/999 (minimum of 3 in each) and is subsequently enrolled for one credit of 999 (such students need to complete a full-time equivalent status form, found at: <http://registrar.gmu.edu/wp-content/uploads/DDR.pdf>). International students must follow registration rules set forth by the [Office of International Programs and Services (IOPS).](http://oips.gmu.edu)

You are strongly encouraged to discuss your proposal and dissertation credit plans with your advisor to avoid enrolling in unnecessary credits. The optimal timing is to enroll in 9 total credits of 998 across the 4th year, complete your proposal and oral defense of proposal in spring of the 4th year, enroll in 3-6 credits of 999 during fall of the 5th year (depending on your need for full-time status), and then enroll in 1 credit of 999 during spring of the 5th year.

## Conducting the Research

The student implements the research plan as agreed upon for the approval of the proposal. Frequent consultation with the advisor is essential. Occasional brief progress reports to the committee are often appreciated, but committee consultation is *required* only when substantial changes must be made to the approved proposal.

## Writing the Dissertation and Submitting it to the Committee

The student writes the final dissertation with guidance from the Advisor and the Committee. Although committee members may have special expertise (e.g., statistics) requiring consultation during analysis, normally, the analysis, interpretation, and write-up are done by the student in close consultation with the advisor. The dissertation will be presented in one of two formats: (1) a comprehensive literature review of publishable quality and at least one empirical article, both of which are in a format suitable for submission to peer-reviewed journals; or (2) two or more empirical articles in a format suitable for submission to a peer-reviewed journal. In the case that students include more than one empirical article, they may wish to begin the document with a brief introductory chapter explaining the connection among them. The full literature review (from the proposal) can also be included as an appendix. Components of the research planned but not suitable for publication may also be included as an appendix. Additional guidelines and university formatting requirements may be found at: <http://thesis.gmu.edu/index.html>.

Once a final draft of the dissertation is complete, with review and approval of the advisor, the student submits it to the committee for review. The committee is not bound to accept the draft presented, and can require changes to clarify the document, etc., or can require a reorganization of major portions of the dissertation before scheduling the oral defense. When the committee requires revision of the dissertation, the student should work closely with the advisor to address all of the issues before calling another committee meeting, or meeting individually with committee members. Advisors and committee members vary in terms of whether they prefer a finalized version of the dissertation to be ready prior to scheduling a defense – thus, students should work closely with their advisor and committee members to ensure an understanding of whether this is the case. When committee members allow for a defense to be scheduled before reading and approving the draft, students should be prepared for the possibility that the committee will require major additional revisions after the defense prior to the document being formally approved. Even when committee members choose to read and approve the draft for defense first, students should still be prepared to make additional revisions after the defense.

There may be situations where one member of a committee disagrees with the majority of the committee as to whether a draft is appropriate for defense and/or final approval. If the disagreement cannot be reconciled after extensive discussion, and the faculty member strongly disagrees with other committee members over the quality of the dissertation, the matter may be referred to the DCT. It may appropriate for the faculty member to resign from the committee. The dissertation cannot then proceed unless and until the student secures agreement of another faculty member to join the committee. Appointing additional committee members follows the same procedures as original appointment of the committee.

## Scheduling the Dissertation Defense

The oral defense of the dissertation should be scheduled through the Graduate Programs Coordinator who informs the Graduate Dean of the defense ***at least four weeks before the projected defense date*.** When scheduling the defense, contact the Graduate Programs Coordinator if you need to reserve a room. Students affiliated with programs who have existing lab space are encouraged to reserve those rooms. Once a room reservation has been secured, forward the following information onto the Graduate Programs Coordinator for scheduling:

* + 1. Your full name;
    2. Date of defense;
    3. Location – Building and room number;
    4. Beginning and end time of defense;
    5. Dissertation committee members names – please indicate who is Chair;
    6. Dissertation title;
    7. ½ - ¾ page abstract;
    8. Any A/V equipment needs.

Do not move to schedule your oral defense until your advisor (and possibly committee members, pending the preferences of your advisor and committee) has seen and approved your last draft. It is very common for several drafts of the dissertation to be required prior to scheduling your defense and for more revisions to be required after orals. The dissertation represents the culmination of your program and an important contribution to the body of psychological knowledge. It is the faculty’s responsibility to the field and to you that the final product meets a high standard.

## Approval of the Dissertation

The committee members indicate their approval of the proposal by signing the [Dissertation Signature Sheet](http://psychology.gmu.edu/graduate/formsgrad) (see 18.8 below) as well as assigning a passing grade (average of 3 or higher) and approving the dissertation “as stands” or with “minor revisions” on the Dissertation Defense Competency Evaluation Form (see Appendices). In the event that the committee does not approve the proposal due to the need for significant revisions, a revised dissertation proposal must be submitted and re-evaluated by all committee members using the same procedures. In the event that the committee deems that the dissertation is unacceptable, a discussion of the full faculty will occur to determine the next steps. The completion of dissertation forms occurs at the end of a meeting of the committee without the student present. Upon completion, the committee and student then discuss the evaluation, any needed revisions, and any other matters.

As evidenced on the Dissertation Defense Competency Evaluation Form, the dissertation and oral defense are evaluated on adequate demonstration of the following dimensions:

* 1. Theory
  2. Scientific Foundation
  3. Scientific Writing
  4. Research Methodology and Analyses
  5. Scientific Thinking
  6. Ethics and Individual/Cultural Diversity & Context in Research
  7. Professionalism, Communication, and Interpersonal Skills

After the committee has approved the dissertation and signed the Dissertation Signature Sheet and the Dissertation Proposal Competency Evaluation Form, the student and/or faculty should submit the following documents to the Graduate Programs Coordinator: Dissertation Signature Sheet (signed by all committee members and others as denoted below); Dissertation Defense Competency Evaluation Form (signed by all committee members); the final copy of the Dissertation; and all completed written and oral rubrics from all committee members (Department Evaluation of Final Dissertation, Department Evaluation of Oral Presentation; see Appendices). As noted in 18.8 below, it is the student’s responsibility to obtain all needed signatures (dissertation committee members, Program Director, Associate Chair for Graduate Studies, and Associate Dean for Research and Graduate Programs) signatures on the Dissertation Signature Sheet.

## Dissertation Signature Sheets

Students must have the [Dissertation Signature Sheet](http://library.gmu.edu/udts/signaturesheets#CHHS) signed by all committee members, their Program Director, Associate Chair for Graduate Studies, and Associate Dean for Research and Graduate Programs. **It is the responsibility of the student to collect all signatures**. Students are encouraged to make appointments to secure signatures with both the Associate Chair (Dr. Adam Winsler, [awinsler@gmu.edu](mailto:awinsler@gmu.edu)) and Associate Dean ([chssgradstudent@gmu.edu](mailto:chssgradstudent@gmu.edu)). When obtaining the Dean’s signature, students must bring all paperwork required for submission to the library so that copies can be made. Students who wish to obtain a second opinion on the formatting of their Dissertation Signature Sheet may email it to [chssgradstudent@gmu.edu](mailto:chssgradstudent@gmu.edu) and ask for clarification of the formatting.

## Format Review

The library conducts the review for formatting of all dissertations. Students will submit completed dissertations directly to the library and hand all the requisite paperwork (for University Microfilms International and the National Opinion Research Center). For additional information contact the [University Dissertations and Theses Coordinator.](http://library.gmu.edu/udts)

## Dissertation Submission and Fees

To complete 999 in a given semester, dissertations are generally due to the library by 5pm on the last day of finals. For students who are completing their dissertations before internship, this is typically the date you will need to submit the dissertation, to avoid having to register for 999 in future semesters while on internship.

For students who have already completed their internship and are turning in their dissertation with the intent of having the degree conferred *immediately after that semester, the deadline for submission to the library is typically nearly 2 weeks earlier*. For exact dates, please visit the [Checklist For Graduation website](http://chss.gmu.edu/graduate/graduation-checklist/checklists). Specific information on formatting, fees, ancillary forms, types of paper and number of copies required can be found on the [UDTS web site](http://library.gmu.edu/udts). Late submissions will not be accepted.

Note that the library often assumes that anyone turning a dissertation in for spring semester is hoping to graduate at the end of that semester, and they will likely tell you the submission deadline that allows you to receive your degree (i.e., the deadline that is 2 weeks earlier). If you still have to complete your internship, be sure to fully explain the situation when inquiring about deadlines.

# CONFERRAL OF DOCTORAL DEGREE & CONVOCATION PARTICIPATION

The completion of clinical requirements (particularly internships) typically does not fit well with university deadlines for conferral of degrees and participation in convocation ceremonies. In order to graduate, students have to complete their **dissertation** and **internship**. There are two relevant dates that the university sets each semester: the **dissertation submission deadline** and **the degree conferral date**, posted on the registrar’s website: <http://registrar.gmu.edu/students/graduation/timelines/>.

## To Graduate

The following two requirements must be met to graduate in a given term:

1. The dissertation must be submitted by the posted deadline for the semester in which students apply to graduate. For example, if they apply to graduate in Spring 2020, they must submit their fully completed, approved, and properly formatted dissertation to the library by 5 p.m. on May 1, 2020. To graduate in Summer 2020, they must submit their fully completed, approved, and properly formatted dissertation to the library by 5 p.m. on August 14, 2020. Note that these dates change every year, so please consult the link above for dates for the current year.
2. The internship must be complete by the “degree conferral date” for that term. For example, the degree conferral date for 2020 is May 22, 2020. The degree conferral date for Summer 2020 is August 22, 2020. Again, these dates change every year, so please consult the link above for dates for the current year. If a student will not complete the internship by the conferral date, they should apply to graduate the following semester.

There is a “6 week grace period” for students who have submitted the final dissertation and completed the internship but are awaiting final paperwork. This is not a grace period for actual completion of work; rather, it is simply for processing of paperwork (e.g., change of grades for 999). More info: <http://registrar.gmu.edu/topics/6-week-grace-period/>.

## To Participate in The Degree Celebration

In general, students who formally graduate in Summer or Fall can participate in the Winter ceremony or the FOLLOWING Spring ceremony. However, atypical scenario is that students **finish all requirements except for internship by the deadlines for Spring graduation.** These students **cannot** participate in the main university ceremony, but they **are typically** allowed to participate in the CHSS ceremony if:

1. They have turned in their dissertation to Fenwick Library by the Spring dissertation submission deadline.
2. They are scheduled to complete their internship by the Summer degree conferral date.

Note that this represents an exception on the part of the Dean of College of Humanities and Social Sciences. The exception must be confirmed every year by the graduate program coordinator.

## If not Having Your Degree Officially Conferred Gets in Your Way

Contact the DCT. If you have completed your internship and dissertation and are just waiting for paperwork, the DCT can write a letter that will confirm that you have completed program requirements and can move on to the next stage in life (post doc, accumulating hours, etc.)

# PROFESSIONAL ETHICS

Both faculty and students are expected to abide by the ethical code set forth by the American Psychological Association http://www.apa.org/ethics/code/index.aspx .

A student who believes that another student or a faculty member has committed an ethical violation should follow the procedures described in the APA Ethical Principles. A confidential consultation can be obtained from the American Psychological Association Ethics Office in Washington, DC 202-336-5500.

## Policies on Discrimination

The University does not tolerate discrimination on the basis of age, race, sex, national origin, disability or religious beliefs. A student who believes he/she has been subject to such discrimination should contact the DCT, the Chair of the Department, or the University’s Compliance, Diversity and Ethics Office (703-993-8730).

The program, department, and the university have clear, non-discriminatory policies and are committed to the pursuit of faculty and graduate student recruitment and retention that increases diversity. On September 22, 2020, George Mason University distributed its annual Notice of Non-Discrimination and Equal Opportunity. It stated that George Mason University reaffirms its commitment to equal opportunity, as well as to diversity and inclusion. As set forth in the university’s [Strategic Plan](https://strategicplan.gmu.edu/) and in President Gregory Washington’s [Vision for Action](https://www2.gmu.edu/news/587381), we strive to “create an inclusive and diverse academic community that reflects the diversity of the National Capital Region."  
   
Mason strongly believes that diversity enriches the educational and scholarly environment by bringing varied interests, perspectives and experiences to the learning, teaching, research and creative activities that make up our core mission. We are committed to anti-racism and anti-discrimination.  As such, we consciously work to provide equitable opportunities for all people – both individually and systematically.     
  
Our goal is always inclusive excellence. We do not sacrifice excellence in our efforts to proactively recruit and retain diverse faculty and staff. The best-qualified person for a given position must always be hired; that is the essence of equal opportunity. The university’s diversity efforts simply ask that we cast a wider net to broaden competition, and to develop innovative personnel management strategies to recruit a workforce that is reflective of the greater Capital region.   
  
As part our commitment to diversity and inclusion, Mason prohibits discrimination on the basis of race, color, religion, national origin, sex, disability, veteran status, sexual orientation, gender identity, gender expression, age, marital status, pregnancy status, or genetic information.  
  
This notice applies to admissions, treatment, personnel actions, employment, or access to educational and work-related programs or activities as required by [Titles VI](https://secure-web.cisco.com/1phP0_nBIaoU_unRMPKcB9Ybp50sCSBbGIQK2dVC1vFqp5NTezdvPUbxbTAOy40pEqpxm2AJ_cK-aPeccyuPfG_QlhriAU8NJ-UlBYSd5hZ8t87lLYWjLqxxcaVWa4v6Z_GTSJdtXh4skQx9joAzr7HigrohZ4esFQ1CRzeeMJr5r-agucv4Hg9DCFPJyM9jy9g2hlDX61NV-9C7mKEXyBAsqUoLu7YdJS3eo7K0n4cTPaU0QWGEbIKjarR2CC9Ww-K8Mc7iKvuncxm_jfTJWgsNH3jJjRW5JA3qUxzVY8dhwktTftg9tzinnIdJAGd80kcNlWsp_OhppdL5NHkld9lEhpPS1PnZPEYZcJEip7ey5MJ7yH5BEPV5-TwHTDOiBHuYp3Ydk96eckFjWl5ZnSwiBRFjqk3zTOykI83PwpCOdHJbfrHuJwCMfqVZDH-GgE8HwNXwpz_-mIVdGbiQoiQ/https%3A%2F%2Fwww.justice.gov%2Fcrt%2Ffcs%2FTitleVI-Overview) and [VII](https://www.eeoc.gov/laws/statutes/titlevii.cfm) of the Civil Rights Act of 1964; [Title IX](https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html) of the Education Amendments of 1972; [34 CFR Part 106](https://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr106.html) (“Title IX Regulations”); [Sections 503 and 504](https://www.dol.gov/odep/pubs/fact/rights.htm) of the [Rehabilitation Act of 1973](https://www.dol.gov/odep/topics/disability.htm); the [Americans with Disabilities Act of 1990](https://www.eeoc.gov/statutes/titles-i-and-v-americans-disabilities-act-1990-ada), as amended; the [Age Discrimination in Employment Act](https://www.eeoc.gov/laws/statutes/adea.cfm); the [Equal Pay Act](https://www.eeoc.gov/laws/statutes/epa.cfm); the [Vietnam Era Veterans' Readjustment Assistance Act of 1974](https://www.dol.gov/ofccp/regs/compliance/vevraa.htm); [Federal Executive Order 11246](https://www.dol.gov/ofccp/regs/compliance/ca_11246.htm); [Genetic Information Nondiscrimination Act of 2008](https://www.eeoc.gov/laws/statutes/gina.cfm) (GINA); [Virginia Human Rights Act](https://secure-web.cisco.com/1-T_21SAYd0AgY8dPQKbVUla5UmG1tTdhjvT6bkd3_AeJgQy4XJPuXiZ2Dgptyb9nPcQFH-l4jhsSTrOh60HAQPvmDATL4uuqIrctjjUuCpBwMmES-3dSk0gO4y4-d1buRubY9NbA1evWYv3NJ0pXZOz_d0rEu0QDJVJkPrIPy5WrWH_tMyI2qdZ1eWo8vMoQUO93NGiXulT4OO7myeezLCr2eXpMfpeaXdbQpZFBDkmqv6fH7PsLnXIKfXS7IPFjs4nx1SY_i-9eCTgbwzyHgN1D7c-6EgZJkz87D-zLt7aiCrE97j1UCglsks_VePNOOsQgAZwE05QKZ3rCS0aXqSSTniqcPIyJGvPw20nr0qoGgNWMT-Cv3w6SJLchbMZ4MHQ0lmmf7xddE4hcK0rGV3x03SoEr7XPdhFTR7QvpYXYSN2VTfl0LUUq0KIK5eOF/https%3A%2F%2Fwww.law.cornell.edu%2Fwomen-and-justice%2Fresource%2Fvirginia_human_rights_act_%28va._code_ann._%25C2%25A7%25C2%25A7_2.2-3900-03%29%23%3A%7E%3Atext%3DVirginia's%20Human%20Rights%20Act%20outlines,disability%2C%20in%20places%20of%20public); and other applicable statutes and [University policies](https://universitypolicy.gmu.edu/policies/non-discrimination-policy/).   
  
Mason prohibits sex and gender-based harassment and interpersonal violence, including sexual assault, sexual exploitation, stalking, retaliation, and complicity. Mason also prohibits discrimination against employees or applicants because they have inquired about, discussed or disclosed their own pay or the pay of another employee or applicant. Further, it is the university’s policy that there shall be no retaliation against those who raise issues of discrimination or potential discrimination, or who participate in an investigation of such issues.   
  
The following person has been designated to handle inquiries regarding the Americans with Disabilities Act, the Rehabilitation Act and related statutes and regulations:   
  
**Ruth Townsend**, Associate Director & ADA Coordinator   
Compliance, Diversity and Ethics, 373 Aquia Building  
4400 University Drive, MS 2C2  
Fairfax, VA 22030  
(703) 993-8730  
[cde@gmu.edu](mailto:cde@gmu.edu)   
  
The following person has been designated to serve as the coordinator for purposes of Title IX Compliance:   
  
**Angela Nastase**, University Title IX Coordinator   
Compliance, Diversity and Ethics, 373 Aquia Building  
4400 University Drive, MS 2C2  
Fairfax, VA 22030  
(703) 993-8730  
[titleix@gmu.edu](mailto:titleix@gmu.edu)   
To report discrimination or harassment on the basis of sex or gender in any of the University’s education or employment programs and activities, please contact the University’s Title IX Coordinator or complete the online reporting form: <https://diversity.gmu.edu/titleix-webform>.   
  
The following persons have been designated to handle inquiries regarding non-discrimination statutes and regulations:   
  
**Dietra Trent**, Interim Vice President  
Compliance, Diversity and Ethics, 373 Aquia Building  
4400 University Drive, MS 2C2  
Fairfax, VA 22030  
(703) 993-8730  
[cde@gmu.edu](mailto:cde@gmu.edu)   
  
**Gillian Lancaster**, Associate Director & Chief Investigator  
Compliance, Diversity and Ethics, 373 Aquia Building  
4400 University Drive, MS 2C2  
Fairfax, VA 22030  
(703) 993-8730  
[cde@gmu.edu](mailto:cde@gmu.edu)   
  
Complaints of discrimination, harassment and retaliation may be directed to Compliance, Diversity and Ethics through the CDE Grievance Intake Form at <https://diversity.gmu.edu/intake-form>. Complaints may be submitted by calling CDE at 703-993-8730.   
  
Other inquires may be directed to CDE at [cde@gmu.edu](mailto:cde@gmu.edu).   
  
External complaints may be filed with the Department of Education Office for Civil Rights, Equal Employment Opportunity Commission, Commonwealth of Virginia Division of Human Rights and the Department of Human Resource Management.

## Student Rights and Responsibilities

Consistent with George Mason University’s Policies on Student Rights and Responsibilities (George Mason University Catalog, <https://catalog.gmu.edu/policies/student-rights-responsibilities/>), the Clinical Psychology Ph.D. Program recognizes and agrees to the rights and responsibilities of our students. Our goal is to create an environment imbued with courtesy and respect. The Program also recognizes and values cultural and individual diversity, and upholds the rights of individuals to be free of prejudice and discrimination.

# GUIDELINES FOR GRADUATE STUDENT COMPLAINTS & GRIEVANCES

The Department recognizes that differences in opinions, complaints, or grievances may occur in the relationships between faculty and students. We believe it is the responsibility of all department members to establish and maintain a climate within which a student problem or complaint can be promptly identified, presented, discussed, and given fair, timely consideration without fear or recrimination or retribution.

The following steps are recommended for students who feel they have been unjustly or unfairly treated in the course of their education. (NOTE: Student concerns about faculty behavior that involves sexual harassment or racial/ethnic/gender discrimination should be handled according to the University guidelines description in the University Catalog.)

Grievance Procedures

The Department recommends that a graduate student who has concerns about the professional behavior of a faculty member take the following steps in the following order. Following these procedures will better ensure that the grievance will be resolved expeditiously and fairly.

1. Discuss the problem with the faculty member in question. Many disagreements, disputes, and conflicts between faculty and students are the result of miscommunication or misinformation and can be resolved informally between the concerned parties.

Prior to this discussion, the student may wish to consultation with his/her/their academic advisor. Such discussion can be helpful in developing an effective strategy for presenting the concern to the faculty member in question. If the advisor is the faculty member in question, or a student is not comfortable or able to discuss the concern with the advisor, the student should consult another faculty member. This may be any other faculty member in the program or department with whom the student feels comfortable. If the student has difficulty identifying such a faculty member, the student should consult with the Department Ombudsperson. If the Department Ombudsperson is the faculty member in question, the student should consult with the Associate Chair for Graduate Studies or Department Chair.

Please note that the faculty member with whom the student consults concerning the grievance incurs certain responsibilities: (1) to inform the student of the faculty member’s status as a mandatory reporter of any possible sexual harassment/assault to the University’s Title IX office; (2) to review with the student the Departmental policy and procedures described here; and (3) to assist the student in determining the legitimacy of his/her concern and in developing a plan for discussing the concern with the faculty in question. The consulting faculty member may offer to take an active role in the resolution of the grievance, by serving as the student's advocate or as a mediator, but this is not required and should not be done without the student’s knowledge and consent. If the consulting faculty member believes that the faculty member in question has committed an illegal act or ethical violation, the consulting faculty member should consult with the Department Chair (if the faculty member in question is the Department Chair, then the Associate Chair for Graduate Studies), and both should consult the Ethical Guidelines of the American Psychological Association.

In any case involving possible sexual harassment, the faculty member is mandated to report the incident to the University’s Title IX office.

2. If the student and consulting faculty member decide that approaching the faculty member in question is not a desirable option, or if the subsequent discussion with the faculty member in question does not produce a satisfactory resolution, the student should bring the matter to the attention of the student's Program Director. The student can again consult with a separate consulting faculty member before making such a decision, if desired.

3. The Program Director should consider the information from the student regarding the original complaint and the attempt at resolving the complaint (or the reasons for not attempting to directly resolve the complaint with the faculty member in question). With the student’s knowledge and consent, the Program Director should then reach out to the faculty member in question to gather the faculty member’s perspective on the situation. In doing so, the Program Director should be clear with the faculty member in question that there should be no attempt at retaliation or intimidation of any sort made toward the student. After gathering full information, the Program Director should make a recommendation about (a) a resolution to the situation or (b) referring the matter to the Associate Chair for Graduate Studies (or the Department Chair, if the Associate Chair for Graduate Studies is the faculty member in question). If the Program Director refers the matter to the Associate Chair (or Chair), skip step 4 and proceed to step 5.

4. If the Program Director is the faculty member in question, or if the Program Director’s recommendation does not produce a satisfactory resolution, the student should bring the matter to the attention of the Associate Chair for Graduate Studies (or the Department Chair, if the Associate Chair for Graduate Studies is the faculty member in question). The student again may wish to consult with a separate consulting faculty member before making such a decision, if desired. If the faculty member in question objects to the proposed resolution, the faculty member may refer the matter to the Associate Chair for Graduate Studies (or the Department Chair, if the Associate Chair for Graduate Studies is the faculty member in question).

5. The Associate Chair (or Department Chair) should review the matter and determine whether further information is needed, or whether there is sufficient merit to student or faculty objections to any recommended resolutions up to that point. If the Associate Chair (or Chair) judges that no further information is needed and that objections to any proposed resolutions do not have sufficient merit, the Associate Chair (or Chair) should issue a recommendation. If the Associate Chair (or Chair) feels that more information is needed, or that the objection to proposed resolution has merit, the Associate Chair (or Chair) should gather any additional information as needed and appropriate from the student, the faculty member in question, and the Program Director. Based on this information, the Associate Chair (or Chair) can issue a recommendation, or decide to appoint a 3-person committee comprised of tenured, graduate faculty members, charged with working with the student and faculty member in resolving the grievance. If the Associate Chair (or Chair) issues a recommendation, and this recommendation does not produce a satisfactory resolution (to either the student or the faculty member in question), the Associate Chair (or Chair) will appoint a 3-person committee comprised of tenured, graduate faculty members, charged with working with the student and faculty member in resolving the grievance.

6. The 3-person faculty committee should review the case to determine whether further information is needed. If all three faculty members believe the information gathered is sufficient to render a recommendation, and all three faculty members agree on that recommendation, they will proceed to Step 7. If at least one faculty member on the committee believes more information is needed, or the faculty members are not unanimous in agreement about the recommendation, the committee will schedule in-person meetings with the student and the instructor (separately) to hear details of the case.

7. The 3-person committee will issue a recommendation. If this recommendation does not produce a satisfactory resolution, the student or faculty member has the option of appealing the matter to the Department Chair.

8. If the outcome of an appeal to the Department Chair does not produce a satisfactory resolution, the student or faculty member may bring the matter to the attention of the office of the Dean of the College of Humanities and Social Sciences.

9. If there is a grievance in which both the Department Chair and the Associate Chair for Graduate Studies are named, then all instances referring to Chair or Associate Chair above should refer instead to the College Dean.

Grade Appeals

1. Students are encouraged to attempt to resolve the issue with their instructor before pursuing additional assistance.

2. If a successful resolution is not reached, students should contact the Associate Chair for Graduate Studies. In the event that the Associate Chair is the instructor who assigned the grade, the Department Chair should be contacted. In these cases, the Department Chair will take the place of the Associate Chair for all steps listed below.

3. The Associate Chair (or Chair) will gather all necessary information from the student in writing.

4. The Associate Chair (or Chair) will then reach out to the instructor, to gather the instructor’s perspective of the situation in writing.

5. The Associate Chair (or Chair) will work with the student and instructor to attempt to reach a resolution.

6. If no resolution is reached, the Associate Chair (or Chair) will create a committee of three Psychology Department graduate faculty members to review the case. The student and instructor will be informed of the faculty members on the committee and have the right to request any changes to the committee members.

7. The faculty committee will review the information gathered by the Associate Chair (or Chair). If all three faculty members believe the information gathered is sufficient to render a recommendation, and all three faculty members agree on that recommendation, they will proceed to Step 8. If at least one faculty member on the committee believes more information is needed, or the faculty members are not unanimous in agreement about the recommendation, the committee will schedule in-person meetings with the student and the instructor (separately) to hear details of the case.

8. The faculty committee will issue a recommendation to the Associate Chair (or Chair).

9. The Associate Chair (or Chair) will contact the student and the instructor with the recommendation.

10. Students who are not satisfied with the recommendation have the option to further pursue the appeal with the CHSS Dean’s Office.

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# REDUCED-FEE PSYCHOLOGICAL SERVICES FOR CLINICAL STUDENTS

The Clinical faculty members are aware that doctoral training in clinical psychology is demanding and at times stressful. Training in clinical work can be especially emotionally demanding, and it often leads to awareness of personal issues that would benefit from working with a professional. Seeking such help is a common and worthwhile part of professional development in this area. Below is a list of psychologists in private practice in Northern Virginia who are willing to provide reduced-fee psychotherapy services to GMU clinical psychology doctoral students. Information about fees can be obtained from the individuals listed below. These individuals have no formal relationship with the Clinical Program.

Alisa Schreier, Ph.D.

703-536-8799

131 W. Great Falls Street, Suite 101

Falls Church, VA 2204

lschri@yahoo.com

Carole W. Sebenick, PhD

703-362-9313

10721 Main St Suite 307

Fairfax, VA - 22030

Gail Curran, Ph.D.

703-734-6266

Ginny Gutman, Ph.D.

703-568-3744

Janet Laubgross, Ph.D.

703-591-7828

<http://www.drjanetlaubgross.com/>

Jeffrey Volkmann, Ph.D.

(401) 367-4318 (office in Washington DC)

[http://www.jeffreyvolkmannphd.com](https://ch1prd0511.outlook.com/owa/redir.aspx?C=P2dXRm0txkOXZneSot7MxJraHzoWUdAIvq9ZNzY8FTJhYd0PaWDbGAAxuhqwz0jBA3toiqV1ODk.&URL=http%3a%2f%2fwww.jeffreyvolkmannphd.com)

Jennifer Lager, Ph.D.

703-244-9656

<http://www.drjenniferlager.com/>

Kolleen Martin, Ph.D.

703-623-4406

13890 Braddock Road Centreville, VA 20121

Leslie K. Dalton, Ph.D.

(703) 550-405

[DrLeslieDalton@yahoo.com](mailto:DrLeslieDalton@yahoo.com)

[www.thestonehouse.ws/ldalton.htm](http://www.thestonehouse.ws/ldalton.htm)

Luanne Turrentine, PhD

(703) 968-4149

[turrentinela@juno.com](mailto:turrentinela@juno.com)

http://luanneaturrentinephd.com/

Marcia Grenell, Ph.D.

(540) 947-1949

6107 G Arlington Boulevard, Falls Church, VA 22044

[MMGrenellPhD@aol.com](mailto:MMGrenellPhD@aol.com)

<http://therapists.psychologytoday.com/rms/name/Marcia_M._Grenell_PhD_Falls+Church_Virginia_32126>

Martin Schuh, Ph.D.

(703) 440-9284

Marya A. Myslinski, Psy.D., PLLC

703-538-2770

<http://Therapists.Psychologytoday.com/44327>

Michelle F. Eabon, Ph.D.

(703) 691-420

11244 Waples Mill Road, Suite G-1

Fairfax, VA 2203

<http://dreabon.net/>

Neil Makstein, PhD

7700 Leesburg Pike Suite 406

Falls Church VA 22043

[neilmak@aol.com](mailto:neilmak@aol.com)

Roy S Wilensky, PsyD

7700 Leesburg Pike, Suite 200

Falls Church, VA 2204

[drwilensky@gmail.com](mailto:drwilensky@gmail.com)

Sarita B. Kaplan, Psy.D

703-742-8665

11333 Sunset Hills Rd, Reston, VA 20190

# RESEARCH INTERESTS OF NON-CLINICAL FACULTY

**APPLIED DEVELOPMENTAL**

Tim Curby 993-2457 / DK 2046

**Director, Applied Developmental Program** Classrooms as a context for student learning and development; Teacher-student interactions; Classroom quality; Development of classroom observational measures; Quantitative methods.

Susanne Denham 993-1378 / DK 1024APreschoolers’ social-emotional development

and its assessment and promotion; Peer

competence in preschool and elementary

school; Developmental psychopathology;

Parenting: Its impact on the above

Robert Pasnak 993-1354 / DK 2049 Cognitive and socioemotional development in preschool, elementary school, and special education children

Adam Winsler 993-1881 / DK 2023 Development of self-regulation; Private speech; Bilingualism; ADHD; Early childhood education; School readiness among low-income, ethnically diverse children

**COGNITIVE AND BEHAVIORAL NEUROSCIENCE PROGRAM**

Jennifer Brielmaier 993-1469 / DK 2063 Animal models of neuropsychiatric conditions; behavioral genetics; environmental and biological risk factors contributing to drug addiction.

Linda Chrosniak 993-4139 / DK 2045

**Director, Honors Program in Psychology** Research interests include implicit and explicit memory processes, and relationships between stress, cognition and health. In addition, in collaboration with Dr. Flinn, she has investigated effects of trace metals (zinc, copper and iron) on memory processes.

Doris Bitler Davis 993-8817 / DK 2051 Experimental Psychology, with a specialization in animal learning and memory

Ted Dumas 993-9170/Krasnow 109 Neural substrates of memory, neural and cognitive development, stress and behavioral control, real-time brain activity focus in a multidisciplinary setting

Jane Flinn 993-4107 / DK 2022

The role of metals in learning and memory, including fear conditioning. The effect of metals in neurological conditions, such as Alzheimer's disease, in humans and transgenic mice.

Craig G. McDonald 993-2277 / DK 2057 Psychophysiology of visual perception and cognition; nicotine-induced changes in executive functioning

Jim Thompson 993-1342 / DK 2056 Cognitive neuroscience, including fMRI and ERPs; biological motion; social cognition; robotics.

Martin Weiner 993-6217/DK 2055 Cognitive neuroscience, Time Perception, Space Perception, Datasharing

**Affiliates:**

Carryl Baldwin (Human Factors/Applied Cognition)

Christy Esposito-Smythers (Clinical)

Pam Greenwood (Human Factors/Applied Cognition)

Todd Kashdan

Matt Peterson (Human Factors/Applied Cognition)

Tyler Shaw (Human Factors/Applied Cognition)

Jim Thompson (Human Factors/Applied Cognition)

**HUMAN FACTORS/APPLIED COGNITION**

**Carryl Baldwin 993-4653 / DK 2062**

**Director of the PhD Program** Auditory cognition, auditory and multi-modal displays, cognitive aging, speech processing, transportation (highway and air) safety, mental workload, adaptive automation, individual differences, training, spatial navigation and neuroergonomics.

Deborah Boehm-Davis 993-8720 / College Hall 100

**Dean, College of Humanities and Social Sciences**

Understanding interruptions, dual-task performance and cognitive workload.

Pam Greenwood 993-4268 / DK 2060 Cognitive aging and the genetics of cognitive aging which she examines using behavioral, neuroimaging, and genetic methods. The modulation by normal genetic variation of attention, working memory, and the role of attention in forming and maintaining mental representations in working memory. Collaborating in a longitudinal study of the genetics of cognitive change in midlife.

William S. Helton 993-6199/DK 2063 Vigilance, response inhibition, disaster and emergency response, interaction of cognitive and physical issues, wearable interfaces, working dogs

Yi-Ching Lee 993-6216/DK 2060 Driver attention, emotion and behavior; diagnostic driving; experimental learning; incentives and behavior change

Patrick McKnight 993-8292 / DK 2065 Health services research, research methods, statistics, measurement, and program evaluation.

Matt Peterson 993-4255 / DK 2058

**Director, Human Factors/Applied Cognition M.A. Program**

Cognitive neuroscience of attention, memory, and perception. Visual attention, visual search, and eye movements. Attentional control and multitasking. Neuroergonomics. Training and aging.

Tyler Shaw 993-5187 / DK 2059 Neurophysiological underpinnings and individual differences in human sustained attention, automation, team collaboration and coordination dynamics

Eva Wiese 993-5266 /DK 2068 Social robotics; eye movements; usability; visual attention; human-computer interaction.

**INDUSTRIAL/ORGANIZATIONAL**

Louis Buffardi (*Faculty Emeritus)* Employee attitudes;

**Coordinator,** Quality of work life organizational surveys;

**Industrial/Organizational M.A. Program** Work and family issues; Human error.

**Reeshad Dalal 993-9487 / DK2006**

Employee performance and its links with mood/emotions, job attitudes and personality; employee judgment and decision-making.

Seth Kaplan 993-8475 / DK 3073 Personality, emotions, and well-being at

work. Team dynamics in crisis situations. Psychometric and statistical issues.

Lois Tetrick 993-1372 / DK 3066A Occupational health psychology including stress, work-family, and safety; the employee-organization relationship including psychological contracts, social exchange theory, and the norm of reciprocity; organizational climate and culture; innovation and creativity; positive aging and retirement transitions; cross-cultural aspects of industrial organizational psychology.

Stephen Zaccaro 993-1355 / DK 3066B Leadership, executive assessment and development, team dynamics and effectiveness, shared leadership, multiteam systems.

# APPENDICES

**2020-2021 DOCTOR OF PHILOSOPHY IN PSYCHOLOGY** **(Clinical Concentration)**

## PROGRAM OF STUDY

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admit Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Date of Comprehensive Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Biological Bases of Behavior (3 Credits)**

Select one course from the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Title as it appears on your transcript** | **Term/Year** | **Hours** | **Grade** |
| PSYC 531 | Mammalian Neurobiology |  | 3 |  |
| PSYC 702 | Biological Bases of Human Behavior |  | 3 |  |
|  |  | **Total Credits:** | | |

**Developmental Bases of Behavior (3 Credits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Title as it appears on your transcript** | **Term/Year** | **Hours** | **Grade** |
| PSYC 704 | Life-Span Development |  | 3 |  |
|  | | **Total Credits:** | | |

**Design and Data Analysis Emphasis (10 - 16 Credits)**

Select one Emphasis from the Following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Title as it appears on your transcript** | **Term/Year** | **Hours** | **Grade** |
| **Basic Emphasis A (10 hours)** | | | | |
| PSYC 611 | Advanced Statistics |  | 4 |  |
| PSYC 754 | Multiple Regression |  | 4 |  |
| PSYC 644 | Methods for Social Research |  | 3 |  |
|  | | **Total Credits:** | | |
| **Enhanced Quantitative Emphasis B (13 Credits)** | | | | |
| PSYC 611 | Advanced Statistics |  | 4 |  |
| PSYC 644 | Methods for Social Research |  | 3 |  |
| PSYC 754 | Multiple Regression |  | 3 |  |
|  |  |  | 3 |  |
| Type in line above one additional quantitative course from PSYC 557, 646, 652, 756, 757, 889, and 892, or EDRS 812 | | **Total Credits:** | | |
| **Quantitative Emphasis C (16 Credits)** | | | | |
| PSYC 611 | Advanced Statistics |  | 4 |  |
| PSYC 644 | Methods for Social Research |  | 3 |  |
| PSYC 754 | Multiple Regression |  | 3 |  |
|  |  |  | 3 |  |
|  |  |  | 3 |  |
| Type in two lines above 2 additional quantitative courses from PSYC 557, 646, 652, 756, 757, 889 & 892 or EDRS 812 | | **Total Credits:** | | |

**Required Courses (48 Credits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Title as it appears on your transcript** | **Term/Year** | **Hours** | **Grade** |
| PSYC 792 | Comprehensive Assessment Practicum |  | 2 |  |
| PSYC 810 | Psychological Assessment I |  | 4 |  |
| PSYC 811 | Psychological Assessment II |  | 4 |  |
| PSYC 813 | Supervision, Consultation, and Interprofessional Skills |  | 3 |  |
| PSYC 822 | Scientific Foundations of Clinical Psychology I |  | 3 |  |
| PSYC 850 | Teaching Practicum in Psychology |  | 1 |  |
| PSYC 860 | Introductory Helping Skills and Motivational Interviewing |  | 3 |  |
| PSYC 861 | Cognitive Behavioral Therapy for Youth |  | 6 |  |
| PSYC 862 | Cognitive Behavioral Therapy for Adults |  | 6 |  |
| PSYC 881 | Practicum in Clinical Psychology |  | 6 |  |
| PSYC 883 | Ethical and Professional Issues in Clinical Psychology |  | 3 |  |
| PSYC 855 | Social, Cognitive, and Affective Foundations of Behavior |  | 3 |  |
| PSYC 856 | Diversity, History and Clinical Psychology |  | 3 |  |
| PSYC 890 | Seminar in Professional Psychology |  | 1 |  |
|  |  | **Total Credits:** | | |

**Electives (1 - 6 Credits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course #** | **Title as it appears on your transcript** | **Term/Year** | **Hours** | **Grade** |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | **Total Credits:** | | |

**Dissertation Research (12 Credits)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course # | Title as it appears on your transcript | Term/Year | Hours | Grade |
| PSYC 998 | Dissertation Proposal |  |  |  |
|  |  |  |  |  |
| PSYC 999 | Dissertation |  |  |  |
|  |  |  |  |  |
| Students must complete at least 12 credits combined of 998/999 with at least 3 credits in each course. Students must enroll in 3 credits of PSYC 999 in the first term they are eligible to do so. | | **Total Credits:** | | |

**Externship/Internships (0 Credits)**

|  |  |  |
| --- | --- | --- |
| Course # | Title | Term/Year |
| PSYC 885 | Externship (optional, but recommended) |  |
|  |  |  |
| ZREG 080 | Active Status Retained (During Clinical Internship if Dissertation was Completed) |  |

**Total Credits**

|  |  |  |  |
| --- | --- | --- | --- |
| Reduction from MA | Applied to PhD | Dissertation | GRAND TOTAL |
|  |  |  | **79** |

Note: Students should have a provisionally approved Program of Study by the end of the second year in the program. Students should continuously engage in research throughout the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Director Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associate Chair for Graduate Studies Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Program Coordinator Date**

## Application for Equivalency Examination for a Required Course

The following information must be provided in order to determine if a petition to take an equivalency examination is to be granted.

|  |  |
| --- | --- |
| **Date:** |  |
|  |  |
| **Name:** |  |
|  |  |
| **Address:** |  |
|  |  |
|  |  |
| **Telephone:** |  |
|  |  |
| **Core Course:** |  |
|  |  |
| **Documentation:** |  |
|  |  |
| **Course Title:** |  |
|  |  |
| **Attach** | Transcript |
|  | Catalog description of course |
|  | Syllabus |
|  | Texts or copies of tables of contents |
|  | Examinations |
|  | Papers |
|  |  |
| **Justification:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Semester Summative Evaluation (SSE) Advisor Form First Year

**END OF SEMESTER SUMMATIVE EVALUATION**

**FALL AND SPRING OF YEAR 1**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in Doctoral Program \_1st\_

Name of Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Evaluation Completed\_\_\_\_

Semester this review covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: This form is to be completed at the end of each semester for your **1st year** doctoral advisee(s). You will be given the “Competency Benchmark in Professional Psychology Readiness for Practicum Level Rating Form” completed by each faculty member who rated your 1st year student(s). Please review each form provided to you and circle the appropriate cumulative rating for each competency listed below. In areas where competency ratings fall below a “2”, please offer an explanation in the comments section of this form. In addition, please complete the items under the “Advisor Section.” **Bring this form with you to the end-of-semester student review meeting for discussion**. At that time, you will also have the opportunity to add comments and/or adjust ratings based on faculty discussion. You should meet with each of your advisees to discuss this evaluation. Signed forms should be submitted to the Graduate Programs Coordinator for placement in the students’ files. The scale below is used to evaluate each competency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **READINESS FOR PRACTICUM (1st Year Students)** | | | | |
| **Not at All/Slightly** | **Somewhat** | **Moderately** | **Mostly** | **Very** |
| 0 | 1 | 2 | 3 | 4 |
| Displays evidence of competency to no/slight extent  (never or very infrequently) | Displays evidence of competency to some extent  (infrequently) | Displays evidence of competency to moderate extent  (at least half  of time) | Displays evidence of competency to a great extent  (most of time) | Displays evidence of competency to a very great extent  (almost always) |
| Below minimum level for practicum readiness | Approaching minimum level for practicum readiness | At minimum level for practicum readiness | Above minimum level for practicum readiness | Well above minimum level for practicum  readiness |
| Requires remediation plan | Requires remediation plan |  |  |  |
| [N/O] = No Opportunity to Observe | | | | |
| Goal: Achieve 2s by the end of the 1st year of graduate study.  Of note, some students may achieve higher ratings in “**PROFESSIONAL VALUES AND ATTITUDES**” which may be 3s or 4s from the start of graduate education. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FOUNDATIONAL COMPETENCIES**

|  |  |  |
| --- | --- | --- |
| **1. PROFESSIONAL VALUES AND ATTITUDES:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology. | | |
| **1A. Integrity -** Honesty, personal responsibility and adherence to professional values | | |
| Understands professional values; honest, responsible | | 0 1 2 3 4 [N/O] |
| **1B. Deportment** | | |
| Understands how to conduct oneself in a professional manner | | 0 1 2 3 4 [N/O] |
| **1C. Accountability** | | |
| Accountable and reliable | | 0 1 2 3 4 [N/O] |
| **1D. Concern for the welfare of others** | | |
| Demonstrates knowledge of the need to uphold and protect the welfare of others | | 0 1 2 3 4 [N/O] |
| **1E. Professional Identity** | | |
| Demonstrates beginning understanding of self as professional; thinking like a psychologist | | 0 1 2 3 4 [N/O] |
| ***1G. Professional Reliability*** |  | |
| *Manages client/volunteer scheduling, fees, and case issues* | 0 1 2 3 4 [N/O] | |
| *Attends all meetings, appointments, and classes on time* | 0 1 2 3 4 [N/O] | |
| *Prepares adequately for all meetings, appointments, and classes* | 0 1 2 3 4 [N/O] | |
| *Contacts clients/volunteers/others in a timely manner* | 0 1 2 3 4 [N/O] | |
| *Completes all paperwork (e.g., notes, reports, papers, files) on time* | 0 1 2 3 4 [N/O] | |

|  |  |
| --- | --- |
| **2. INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | |
| **2A. Self as Shaped by Individual and Cultural Diversity** (e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context** | |
| Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others | 0 1 2 3 4 [N/O] |
| **2B. Others as Shaped by Individual and Cultural Diversity and Context** | |
| Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings | 0 1 2 3 4 [N/O] |
| **2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** | |
| Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others | 0 1 2 3 4 [N/O] |
| **2D. Applications based on Individual and Cultural Context** | |
| Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues) | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **3. ETHICAL LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. | |
| **3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines** | |
| Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting | 0 1 2 3 4 [N/O] |
| **3B. Awareness and Application of Ethical Decision Making** | |
| Demonstrates awareness of the importance of applying an ethical decision model to practice | 0 1 2 3 4 [N/O] |
| **3C. Ethical Conduct** | |
| Displays ethical attitudes and values | 0 1 2 3 4 [N/O] |

|  |  |  |
| --- | --- | --- |
| **4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. | | |
| **4A. Reflective Practice** | | |
| Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice, | 0 1 2 3 4 [N/O] | |
| **4B.** **Self-Assessment** | | |
| Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies | 0 1 2 3 4 [N/O] | |
| **4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning) | | |
| Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care | | 0 1 2 3 4 [N/O] |
| **4D. Participation in Supervision Process** | | |
| Demonstrates straightforward, truthful, and respectful communication in supervisory relationships | | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **5. RELATIONSHIPS:** Relate effectively and meaningfully with individuals, groups, and/or communities. | |
| **5A. Interpersonal Relationships** | |
| Displays interpersonal skills with:  Clients/volunteers | 0 1 2 3 4 [N/O] |
| Peers/colleagues | 0 1 2 3 4 [N/O] |
| Supervisors | 0 1 2 3 4 [N/O] |
| Professionals from other disciplines | 0 1 2 3 4 [N/O] |
| **5B. Affective Skills** | |
| Displays affective skills | 0 1 2 3 4 [N/O] |
| **5C. Expressive Skills** | |
| Communicates ideas, feelings, and information clearly using verbal, non-verbal, and written skills | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FUNCTIONAL COMPETENCIES**

|  |  |
| --- | --- |
| **6. SCIENTIFIC KNOWLEDGE AND METHODS:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. | |
| **6A.** **Scientific Mindedness** | |
| Displays critical scientific thinking | 0 1 2 3 4 [N/O] |
| **6B.** **Scientific Foundation of Psychology** | |
| Demonstrates understanding of psychology as a science | 0 1 2 3 4 [N/O] |
| **6C. Scientific Foundation of Professional Practice** | |
| Understands the scientific foundation of professional practice | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **7. RESEARCH/EVALUATION:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | |
| **7A. Scientific Approach to Knowledge Generation** | |
| Participates effectively in scientific endeavors | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **8. EVIDENCE BASED PRACTICE:** Integration of research and clinical expertise in the context of patient factors. | |
| **8A. Knowledge and Application of Evidence-Based Practice** | |
| Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **9. ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. | |
| 9A. Knowledge of Measurement and Psychometrics | |
| Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing | 0 1 2 3 4 [N/O] |
| **9B. Knowledge of Assessment Methods** | |
| Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam | 0 1 2 3 4 [N/O] |
| **9C. Application of Assessment Methods** | |
| Demonstrates knowledge of measurement across domains of functioning and practice settings | 0 1 2 3 4 [N/O] |
| **9D. Diagnosis** | |
| Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity | 0 1 2 3 4 [N/O] |
| **9E. Conceptualization and Recommendations** | |
| Demonstrates basic knowledge of formulating diagnosis and case conceptualization | 0 1 2 3 4 [N/O] |
| *Organizes and integrates assessment information well in case conceptualizations* | 0 1 2 3 4 [N/O] |
| *Generates appropriate and useful recommendations* | 0 1 2 3 4 [N/O] |
| **9F. Communication of Assessment Findings** | |
| Writes adequate assessment reports | 0 1 2 3 4 [N/O] |
| Writes adequate progress notes | 0 1 2 3 4 [N/O] |
| Adequately communicates assessment findings verbally to client | 0 1 2 3 4 [N/O] |
| ***9G. Administrative/Technical*** |  |
| *Obtains relevant client information about functional and dysfunctional thoughts, feelings, behaviors, and social interactions efficiently* | 0 1 2 3 4 [N/O] |
| *Obtains other relevant client information skillfully* | 0 1 2 3 4 [N/O] |
| *Administers and scores tests correctly* | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **10. INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. | |
| **10A. Intervention Planning** | |
| Displays basic understanding of the relationship between assessment and intervention | 0 1 2 3 4 [N/O] |
| **10B. Skills** | |
| Displays basic helping skills | 0 1 2 3 4 [N/O] |
| **10C. Intervention Implementation** | |
| Demonstrates basic knowledge of intervention strategies | 0 1 2 3 4 [N/O] |
| **10D. Progress Evaluation** | |
| Demonstrates basic knowledge of the assessment of intervention progress and outcome | 0 1 2 3 4 [N/O] |

**SKIP 11 (CONSULTATION) & 12 (TEACHING) FOR PRACTICUM LEVEL**

|  |  |
| --- | --- |
| **13. SUPERVISION:** S**upervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.** | |
| **13A. Expectations and Roles** | |
| Demonstrates basic knowledge of expectations for supervision | 0 1 2 3 4 [N/O] |
| *Comes to supervision meetings prepared* | 0 1 2 3 4 [N/O] |
| *Incorporates feedback in clinical work (e.g., client/volunteer interactions, written work)* | 0 1 2 3 4 [N/O] |
| **13C. Skills Development** |  |
| Displays interpersonal skills of communication and openness to feedback | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **14. INTERDISCIPLINARY SYSTEMS:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. | |
| **14B. Functioning in Multidisciplinary and Interdisciplinary Contexts** | |
| Cooperates with others | 0 1 2 3 4 [N/O] |
| **14D. Respectful and Productive Relationships with Individuals from Other Professions** | |
| Demonstrates awareness of the benefits of forming collaborative relationships with other professionals | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **15. MANAGEMENT ADMINISTRATION:** Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA). | |
| **15C. Administration** |  |
| Complies with regulations | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **16. ADVOCACY:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual level. | |
| **16A. Empowerment** | |
| Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention. | 0 1 2 3 4 [N/O] |
| **16B. Systems Change** |  |
| Understands the differences between individual and institutional level interventions and systems level change | 0 1 2 3 4 [N/O] |

**ADVISOR SECTION**

|  |  |  |
| --- | --- | --- |
| **Research Experiences** | | |
| Attended brown bags consistently | | Yes No |
| Attended lab meetings consistently | | Yes No |
| Worked on a research project in lab | | Yes No |
| Attended a conference | | Yes No |
| Attended a workshop (specialty area, statistics, etc.) | | Yes No |
| Attended a webinar (specialty area, statistics, etc.) | | Yes No |
| Wrote a literature review (in class or for a paper) | | Yes No |
| Worked on a research paper | | Yes No |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Research Dissemination: Please indicate NUMBER below** | | |
| Posters/papers submitted for conference | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Posters/papers presented at conference | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Presentation to an audience in another setting | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers submitted for publication (first time) | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers revised and submitted to new journal | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers accepted for publication | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Grants/awards submitted | List: | |
| Grants/awards awarded | List: | |

|  |  |
| --- | --- |
| **Other Professional Roles - GTA & GRA** | |
| Attended GTA training | Yes No N/A |
| GTA assignment | List: |
| GTA supervisor(s) | List: |
| GTA overall teaching ratings | Teaching: Course: N/A  Teaching: Course: N/A |
| Performing adequately in GTA | Yes No N/A |
|  |  |
| GRA assignment | List: |
| GRA supervisor(s) | List: |
| Performing adequately in GRA | Yes No N/A |

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| --- | --- |
| **Program Requirement and Program Milestones** | |
| Is on track to receive a B or better in all courses | Yes No |
| Adequate progress on LOI for second year project (will be due 8/1) | Yes No |

|  |  |
| --- | --- |
| **Personal Goals** | |
| Adequate progress on personal professional goals (attach a copy) | Yes No |

**Overall Assessment of Trainee’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

Summary of faculty discussion:

What are the trainee’s particular strengths?

What are the trainee’s areas in need of growth or relative weaknesses (please comment on any low competency ratings or concerns within the advisor section of this form)?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training? (If applicable, is the trainee ready to begin practicum?) If not, please provide recommendations/goals for focus of continued training (e.g., remediation plan, extra practice, extra supervision, etc.) based on low competency ratings or concerns within the advisor section of this form.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personalized Professional Goals:** These goals should be formulated by the student in collaboration with his/her advisor. Students and advisors should consider year in program, skill level, and competing demands when devising personalized goals so that those selected are realistic and achievable. Students are NOT expected to develop goals in each area specified on the next page.

|  |  |  |  |
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| **Goals To Be Specified By Student and Advisor:** | Did Not Meet  Goal | Making Progress Toward Goal | Met Goal |
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**Examples of Research Goals**

* Regular attendance at mentor’s weekly lab meetings
* Regular attendance at weekly individual supervision meetings with mentor
* Attendance at other faculty lab meetings if relevant
* Attendance at a research-oriented conference
* Completion of a literature review in an area of interest
* Completion of training in a relevant clinical research method (e.g., diagnostic interviewing, treatment manual, statistical approach, etc.)
* Completion of a specified clinical experience with a population of research interest (e.g., running a group for individuals with Social Phobia using an EBT)
* Submission of articles for publication (specify data source, topic, authorship order)
* Submission of book chapters for publication (specify topic, authorship order)
* Submission of posters at national conferences (specify data, topic, authorship order)
* Draft/submission of a grant application (F31, private foundation)
* Preparation of an HSRB application for a study
* Proposal/completion of second year project or dissertation
* Completion of data collection for a project
* Develop research skills by generating multiple testable hypotheses in my area of research and getting feedback on them.

**Examples of Clinical-Community Service Provision Goals**

* Do a clinical or consultation externship
* Form a reading group to learn more about clinical or consultation topics
* Identify externship possibilities in an area of interest
* Identify opportunities to gain experience in clinical supervision
* Attend presentations on service provision on campus or at a conference
* Learn about conferences on service provision that you might wish to attend
* Work with clinical supervisor on case conceptualization skills
* Work with clinical supervisor to learn new intervention strategy
* Prepare for clinical supervision by bringing cued videotapes of sessions
* Read journal articles on strategies, issues, or populations relevant to current clinical work

**Examples of Teaching Goals**

* Teach a new course
* Develop syllabus for a new course
* Observe “master teachers” teach a class
* Meet every other week with teaching mentor
* Attend workshop offered by the Center for Teaching Excellence
* Receive consultation on teaching from the Center for Teaching Excellence
* Attend workshop on teaching strategies at a conference
* Develop ideas for integrating new strategy or content into a course (e.g., experiential learning, diversity issues, group work)
* Read theoretical or empirical papers on classroom instruction
* Join and participate in professional organization focused on teaching of psychology

## Semester Summative Evaluation (SSE) Advisor Form 2nd Year & Up

**END OF SEMESTER SUMMATIVE EVALUATION**

**FALL AND SPRING OF YEARS 2+**

INSTRUCTIONS: This form is to be completed at the end of each semester for your **2nd to 5th** (or later) year doctoral advisee(s). You will be given the “Competency Benchmark in Professional Psychology Readiness for Internship Level Rating Form” completed by each faculty member who rated your students. Please review each form provided to you and circle the appropriate cumulative rating for each competency listed below. In areas where competency ratings fall below a “2” for 2nd year students or a “3” for 3rd year or later students, please offer an explanation in the comments section of this form. In addition, please complete the items under the “Advisor Section.” **Bring this form with you to the end-of-semester student review meeting for discussion**. At that time, you will also have the opportunity to add comments and/or adjust ratings based on faculty discussion. You should meet with each of your advisees to discuss this evaluation. Signed forms should be submitted to the Graduate Programs Coordinator for placement in the students’ files. The following rating scale is used to evaluate each competency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **READINESS FOR INTERNSHIP (2nd Year + Students)** | | | | |
| **Not at All/Slightly** | **Somewhat** | **Moderately** | **Mostly** | **Very** |
| 0 | 1 | 2 | 3 | 4 |
| Displays evidence of competency to no/slight extent  (never or very infrequently) | Displays evidence of competency to some extent  (infrequently) | Displays evidence of competency to moderate extent  (at least half  of time) | Displays evidence of competency to a great extent  (most of time) | Displays evidence of competency to a very great extent  (almost always) |
| Well below minimum level for internship readiness | Below minimum level for internship readiness | Approaching minimum level for internship readiness | At minimum level for internship readiness | Above minimum level for internship readiness |
| Requires remediation plan | Requires remediation plan |  |  |  |
| [N/O] = No Opportunity to Observe | | | | |
| **Goals: Achieve 2s by the end of the 2nd year and 3s by the end of the 3rd year of graduate study.**  Of note, some students may achieve higher ratings in “**PROFESSIONAL VALUES AND ATTITUDES**” which may be 3s or 4s from the start of graduate education. | | | | |

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|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FOUNDATIONAL COMPETENCIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. PROFESSIONAL VALUES AND ATTITUDES:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology. | | | |
| **1A. Integrity -** Honesty, personal responsibility and adherence to professional values | | | |
| Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values | | | 0 1 2 3 4 [N/O] |
| **1B. Deportment** | | | |
| Communication and physical conduct (including attire, etc.) is professionally appropriate, across different settings | | | 0 1 2 3 4 [N/O] |
| **1C. Accountability** | | | |
| Accepts responsibility for own actions | | | 0 1 2 3 4 [N/O] |
| **1D. Concern for the welfare of others** | | | |
| Acts to understand and safeguard the welfare of others | | | 0 1 2 3 4 [N/O] |
| **1E. Professional Identity** | | | |
| Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development | | | 0 1 2 3 4 [N/O] |
| ***1F. Professional Growth*** |  | | |
| *Responds professionally with greater independence in increasing complex situations* | | | 0 1 2 3 4 [N/O] |
| ***1G. Professional Reliability*** | |  | |
| *Manages clients’ scheduling, fees, and case issues* | | 0 1 2 3 4 [N/O] | |
| *Attends all meetings, appointments, and classes on time* | | 0 1 2 3 4 [N/O] | |
| *Prepares adequately for all meetings, appointments, and classes* | | 0 1 2 3 4 [N/O] | |
| *Contacts clients/consultants/others in a timely manner* | | 0 1 2 3 4 [N/O] | |
| *Completes all paperwork (notes, reports, papers, files) on time* | | 0 1 2 3 4 [N/O] | |

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| **2. INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | |
| **2A. Self as Shaped by Individual and Cultural Diversity** (e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context** | |
| Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2B. Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of others as cultural beings in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others | 0 1 2 3 4 [N/O] |
| **2D. Applications based on Individual and Cultural Context** | |
| Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |

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| **3. ETHICAL LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. | | | | | | | | |
| **3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines** | | | | | | | | |
| Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations | | | | | | 0 1 2 3 4 [N/O] | | |
| **3B. Awareness and Application of Ethical Decision Making** | | | | | | | | |
| Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma | | | | | | 0 1 2 3 4 [N/O] | | |
| **3C. Ethical Conduct** | | | | | | | | |
| Integrates own moral principles/ethical values in professional conduct | | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. | | |
| **4A. Reflective Practice** | | |
| Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action | 0 1 2 3 4 [N/O] | |
| **4B.** **Self-Assessment** | | |
| Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills | 0 1 2 3 4 [N/O] | |
| **4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning) | | |
| Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice | | 0 1 2 3 4 [N/O] |
| **4D. Participation in Supervision Process** | | |
| Effectively participates in supervision | | 0 1 2 3 4 [N/O] |
| *Comes to supervision meetings prepared* | | 0 1 2 3 4 [N/O] |
| *Is appropriately assertive in expressing own ideas* | | 0 1 2 3 4 [N/O] |
| *Listens and responds to feedback non-defensively* | | 0 1 2 3 4 [N/O] |
| *Incorporates feedback in clinical work (e.g., client interactions, written work)* | | 0 1 2 3 4 [N/O] |
| *Gives feedback to others in a supportive manner* | | 0 1 2 3 4 [N/O] |

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| **5. RELATIONSHIPS:** Relate effectively and meaningfully with individuals, groups, and/or communities. | | | | | | | |
| **5A. Interpersonal Relationships** | | | | | | | |
| Forms and maintains productive/respectful relationships with:  Clients | | | | | 0 1 2 3 4 [N/O] | | |
| Peers/colleagues | | | | | 0 1 2 3 4 [N/O] | | |
| Supervisors | | | | | 0 1 2 3 4 [N/O] | | |
| Professionals from other disciplines | | | | | 0 1 2 3 4 [N/O] | | |
| **5B. Affective Skills** | | | | | | | |
| Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively | | | | | 0 1 2 3 4 [N/O] | | |
| **5C. Expressive Skills** | | | | | | | |
| Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **6. SCIENTIFIC KNOWLEDGE AND METHODS:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. | |
| **6A.** **Scientific Mindedness** | |
| Values and applies scientific methods to professional practice | 0 1 2 3 4 [N/O] |
| **6B.** **Scientific Foundation of Psychology** | |
| Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior) | 0 1 2 3 4 [N/O] |
| **6C. Scientific Foundation of Professional Practice** | |
| Demonstrates knowledge, understanding, and application of the concept of evidence-based practice | 0 1 2 3 4 [N/O] |

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| **7. RESEARCH/EVALUATION:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | |
| **7A. Scientific Approach to Knowledge Generation** | |
| Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology | 0 1 2 3 4 [N/O] |
| **7B. Application of Scientific Method to Practice** | |
| Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs | 0 1 2 3 4 [N/O] |

**FUNCTIONAL COMPETENCIES**

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| **8. EVIDENCE BASED PRACTICE:** Integration of research and clinical expertise in the context of patient factors. | |
| **8A. Knowledge and Application of Evidence-Based Practice** | |
| Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences | 0 1 2 3 4 [N/O] |

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| **9. ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. | | | | | | | |
| 9A. Knowledge of Measurement and Psychometrics | | | | | | | |
| Selects assessment measures with attention to issues of reliability and validity | | | | | 0 1 2 3 4 [N/O] | | |
| **9B. Knowledge of Assessment Methods** | | | | | | | |
| Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances | | | | | 0 1 2 3 4 [N/O] | | |
| **9C. Application of Assessment Methods** | | | | | | | |
| Selects appropriate assessment measures to answer diagnostic question | | | | | 0 1 2 3 4 [N/O] | | |
| **9D. Diagnosis** | | | | | | | |
| Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity | | | | | 0 1 2 3 4 [N/O] | | |
| **9E. Conceptualization and Recommendations** | | | | | | | |
| Utilizes systematic approaches of gathering data to inform clinical decision-making | | | | | 0 1 2 3 4 [N/O] | | |
| *Organizes and integrates assessment information well in case conceptualizations* | | | | | 0 1 2 3 4 [N/O] | | |
| *Generates appropriate and useful recommendations* | | | | | 0 1 2 3 4 [N/O] | | |
| **9F. Communication of Assessment Findings** | | | | | | | |
| Writes adequate assessment reports | | | | | 0 1 2 3 4 [N/O] | | |
| Writes adequate progress notes | | | | | 0 1 2 3 4 [N/O] | | |
| Adequately communicates assessment findings verbally to client | | | | | 0 1 2 3 4 [N/O] | | |
| ***9G. Administrative/Technical*** | | | | |  | | |
| *Obtains relevant client information about functional and dysfunctional thoughts, feelings, behaviors, and social interactions efficiently* | | | | | 0 1 2 3 4 [N/O] | | |
| *Obtains other relevant client information skillfully* | | | | | 0 1 2 3 4 [N/O] | | |
| *Administers and scores tests correctly* | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **10. INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. | | | | | | | |
| **10A. Intervention Planning** | | | | | | | |
| Formulates, conceptualizes cases, and plans interventions utilizing at least one consistent theoretical orientation | | | | | 0 1 2 3 4 [N/O] | | |
| **10B. Skills** | | | | | | | |
| Displays clinical skills: Therapeutic relationship (empathy, warmth, listening, and nonverbal and verbal communication) | | | | | 0 1 2 3 4 [N/O] | | |
| Displays clinical skills: Clinical intervention | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
| *Recognizes clinically important material and follows up appropriately* | | | | | 0 1 2 3 4 [N/O] | | |
| **10C. Intervention Implementation** | | | | | | | |
| Implements evidence-based intervention | | | | | 0 1 2 3 4 [N/O] | | |
| *Adapts evidence-based approaches when an evidence base is lacking* | | | | | 0 1 2 3 4 [N/O] | | |
| **10D. Progress Evaluation** | | | | | | | |
| Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures, taking into account multiple perspectives | | | | | 0 1 2 3 4 [N/O] | | |
| *Writes adequate progress notes* | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **11. CONSULTATION:** The ability to provide expert guidance or professional assistance in response to a client’s needs or goals. | |
| **11A. Role of Consultant** | |
| Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (e.g. therapist, supervisor, teacher) | 0 1 2 3 4 [N/O] |
| **11B. Addressing Referral Question** | |
| Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions | 0 1 2 3 4 [N/O] |
| **11C.** **Communication of Consultation Findings** | |
| Identifies literature and knowledge about process of informing consultee of assessment findings | 0 1 2 3 4 [N/O] |
| **11D. Application of Consultation Methods** | |
| Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings | 0 1 2 3 4 [N/O] |
| ***11E. General Knowledge of Consultation*** |  |
| *Demonstrates knowledge of consultation models and best practices* | 0 1 2 3 4 [N/O] |
| ***11F. Effectiveness of Collaboration & Consultation*** |  |
| *Collaborates and consults effectively with others from different professions and/or disciplines* | 0 1 2 3 4 [N/O] |

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| **12. TEACHING:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology. | |
| **12A. Knowledge** | |
| Demonstrates awareness of theories of learning and how they impact teaching | 0 1 2 3 4 [N/O] |
| **12B. Skills** |  |
| Demonstrates knowledge of application of teaching methods | 0 1 2 3 4 [N/O] |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **13. SUPERVISION:** S**upervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.** | | | | | | | |
| **13A. Expectations and Roles** | | | | | | | |
| Demonstrates knowledge of, purpose for, and roles in supervision | | | | | 0 1 2 3 4 [N/O] | | |
| **13B. Processes and Procedures** | | | | | | | |
| Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices | | | | | 0 1 2 3 4 [N/O] | | |
| **13C**. **Skills Development** | | | | | | | |
| Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals | | | | | 0 1 2 3 4 [N/O] | | |
| **13D. Supervisory Practices** | | | | | | | |
| Provides helpful supervisory input in peer and group supervision | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **14. INTERDISCIPLINARY SYSTEMS:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. | |
| **14A.** **Knowledge of the Shared and Distinctive Contributions of Other Professions** | |
| Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals | 0 1 2 3 4 [N/O] |
| **14B. Functioning in Multidisciplinary and Interdisciplinary Contexts** | |
| Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning | 0 1 2 3 4 [N/O] |
| **14C.** **Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes** | |
| Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals | 0 1 2 3 4 [N/O] |
| **14D. Respectful and Productive Relationships with Individuals from Other Professions** | |
| Develops and maintains collaborative relationships and respect for other professionals | 0 1 2 3 4 [N/O] |

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| **15. MANAGEMENT ADMINISTRATION:** Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA). | | | | | | | |
| **15A. Appraisal of Management and Leadership** | | | | | | | |
| Forms autonomous judgment of organization’s management and leadership | | | | | 0 1 2 3 4 [N/O] | | |
| **15B. Management** | | | | |  | | |
| Demonstrates awareness of roles of management in organizations | | | | | 0 1 2 3 4 [N/O] | | |
| **15C. Administration** | | | | |  | | |
| Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures. | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

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| **16. ADVOCACY:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual level. | |
| **16A. Empowerment** | |
| Uses awareness of the social, political, economic and cultural factors that may impact human development in the context of service provision | 0 1 2 3 4 [N/O] |
| **16B. Systems Change** |  |
| Promotes change to enhance the functioning of individuals | 0 1 2 3 4 [N/O] |

**ADVISOR SECTION**

|  |  |  |
| --- | --- | --- |
| **Research Experiences** | | |
| Attended brown bags consistently | | Yes No |
| Attended lab meetings consistently | | Yes No |
| Worked on a research project in lab | | Yes No |
| Attended a conference | | Yes No |
| Attended a workshop (specialty area, statistics, etc.) | | Yes No |
| Attended a webinar (specialty area, statistics, etc.) | | Yes No |
| Wrote a literature review (in class or for a paper) | | Yes No |
| Worked on a research paper | | Yes No |
|  | |  |
|  | |  |
| **Research Dissemination: Please indicate NUMBER below** | | |
| Posters/papers submitted for conference | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Posters/papers presented at conference | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Presentation to an audience in another setting | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers submitted for publication (first time) | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers revised and submitted to new journal | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Papers accepted for publication | Co-Authored \_\_\_\_\_\_ First-Authored\_\_\_\_\_\_ | |
| Grants/awards submitted | List: | |
| Grants/awards awarded | List: | |

|  |  |
| --- | --- |
| **Other Professional Roles - GTA & GRA** | |
| Attended GTA training | Yes No N/A |
| GTA assignment | List: |
| GTA supervisor(s) | List: |
| GTA overall teaching ratings | Teaching: Course: N/A  Teaching: Course: N/A |
| Performing adequately in GTA | Yes No N/A |
|  |  |
| GRA assignment | List: |
| GRA supervisor(s) | List: |
| Performing adequately in GRA | Yes No N/A |

|  |  |
| --- | --- |
| **Program Requirement and Program Milestones** | |
| Is on track to receive a B or better in all courses | Yes No |
| Year 2 (2nd semester end) Complete three comprehensive assessments | Yes No NA |
| Year 3 (12/1) Complete second year project and pass research comp exam | Yes No NA |
| Year 3 (2nd semester end) Complete clinical comps and pass clinical comps exam | Yes No NA |
| Year 4 (2nd semester end) Complete dissertation LOI | Yes No NA |
| Year 5 (10/1) Complete and successfully defend dissertation proposal | Yes No NA |
| Year 5 (goal is before internship) Complete and successfully defend dissertation | Yes No NA |

|  |  |
| --- | --- |
| **Personal Goals** | |
| Adequate progress on personal professional goals (attach a copy) | Yes No |

**Overall Assessment of Trainee’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

Summary of faculty discussion:

What are the trainee’s particular strengths?

What are the trainee’s areas in need of growth or relative weaknesses (please comment on any low competency ratings or concerns within the advisor section of this form)?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training? (If applicable, is this trainee ready for internship?) If not, please provide recommendations/goals for focus of continued training (e.g., remediation plan, extra practice or supervision, etc.) based on low competency ratings and concerns within the advisor section of this form.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personalized Professional Goals:** These goals should be formulated by the student in collaboration with his/her advisor. Students and advisors should consider year in program, skill level, and competing demands when devising personalized goals so that those selected are realistic and achievable. Students are NOT expected to develop goals in each area specified on the next page.

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals To Be Specified By Student and Advisor:** | Did Not Meet  Goal | Making Progress Toward Goal | Met Goal |
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**Examples of Research Goals**

* Regular attendance at mentor’s weekly lab meetings
* Regular attendance at weekly individual supervision meetings with mentor
* Attendance at other faculty lab meetings if relevant
* Attendance at a research-oriented conference
* Completion of a literature review in an area of interest
* Completion of training in a relevant clinical research method (e.g., diagnostic interviewing, treatment manual, statistical approach, etc.)
* Completion of a specified clinical experience with a population of research interest (e.g., running a group for individuals with Social Phobia using an EBT)
* Submission of articles for publication (specify data source, topic, authorship order)
* Submission of book chapters for publication (specify topic, authorship order)
* Submission of posters at national conferences (specify data, topic, authorship order)
* Draft/submission of a grant application (F31, private foundation)
* Preparation of an HSRB application for a study
* Proposal/completion of second year project or dissertation
* Completion of data collection for a project
* Develop research skills by generating multiple testable hypotheses in my area of research and getting feedback on them.

**Examples of Clinical-Community Service Provision Goals**

* Do a clinical or consultation externship
* Form a reading group to learn more about clinical or consultation topics
* Identify externship possibilities in an area of interest
* Identify opportunities to gain experience in clinical supervision
* Attend presentations on service provision on campus or at a conference
* Learn about conferences on service provision that you might wish to attend
* Work with clinical supervisor on case conceptualization skills
* Work with clinical supervisor to learn new intervention strategy
* Prepare for clinical supervision by bringing cued videotapes of sessions
* Read journal articles on strategies, issues, or populations relevant to current clinical work

**Examples of Teaching Goals**

* Teach a new course
* Develop syllabus for a new course
* Observe “master teachers” teach a class
* Meet every other week with teaching mentor
* Attend workshop offered by the Center for Teaching Excellence
* Receive consultation on teaching from the Center for Teaching Excellence
* Attend workshop on teaching strategies at a conference
* Develop ideas for integrating new strategy or content into a course (e.g., experiential learning, diversity issues, group work)
* Read theoretical or empirical papers on classroom instruction
* Join and participate in professional organization focused on teaching of psychology

## Competency Remediation Plan

­­Competency Remediation Plan

**Date of Competency Remediation Plan Meeting:**

**Name of Trainee:**

**Primary Supervisor/Advisor:**

**Names of All Persons Present at the Meeting:**

**All Additional Pertinent Supervisors/Faculty:**

**Date for Follow-up Meeting(s):**

Circle all competency domains in which the trainee’s performance does not meet the benchmark:

Foundational Competencies: Professionalism, Reflective Practice/Self-Assessment/Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies: Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Expectations for acceptable performance:

Trainee’s Responsibilities/Actions:

Supervisors’/Faculty Responsibilities/Actions:

Date(s) the problem(s) was brought to the trainee’s attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Timeframe for acceptable performance:

Assessment Methods:

Dates of Evaluation:

Consequences for Unsuccessful Remediation:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee’s rationale for disagreement, are REQUIRED).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Name Date Training Director Date

Trainee’s comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Competency Remediation Plan Continued

SUMMATIVE EVALUATION OF COMPETENCY REMEDIATION PLAN

Follow-up Meeting(s):

Date (s):

In Attendance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency Domain/**  **Essential Components** | **Expectations for Acceptable Performance** | **Outcomes Related to Expected Benchmarks**  **(met, partially met, not met)** | **Next Steps**  **(e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)** | **Next Evaluation Date (if needed)** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee’s rationale for disagreement, are REQUIRED).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Date Training Director Date

Trainee’s comments (Feel free to use additional pages):

## Faculty Mentor Feedback Form

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following items about your advisor as honestly as possible. Mentors should read this feedback from mentees **before** meeting one-on-one with the mentee to discuss as part of each semester’s review. Each item also contains a comment box for students to explain their rating or provide more details if they so choose.

Use the following scale:

1 - ‘strongly disagree’ 2 - ‘disagree’ 3 - ‘neutral’ 4 - ‘agree’ 5 - ‘strongly agree’

**General Mentorship:**

|  |  |
| --- | --- |
| 1. I feel I am easily able to obtain the desired amount of supervision from my advisor (e.g., frequent meetings). | **1 2 3 4 5** |
| Comments: | |
| 1. My research advisor is communicative about deadlines and provides feedback in the agreed-upon timeframe. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor advises me at a developmentally appropriate level (e.g., expectations of a first-year are different from a third-year). | **1 2 3 4 5** |
| Comments: | |
| 1. Advisor is receptive to feedback (i.e., non-defensive, listens and engages in perspective-taking before responding). | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor has taken the time to ask and establish a mentorship style that works well for me individually, taking into account my background, culture, history, and identity. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor checks in on my personal well-being (as established by the mentor-mentee pair). | **1 2 3 4 5** |
| Comments: | |
| 1. I feel supported by my advisor. | **1 2 3 4 5** |
| Comments: | |
| 1. I feel comfortable discussing problems or concerns with my advisor. | **1 2 3 4 5** |
| Comments: |  |

**Research Advising:**

|  |  |
| --- | --- |
| 1. My research advisor regularly discusses my research ideas and helps me to develop projects to address research questions. | **1 2 3 4 5** |
| Comments: | |
| 1. My research advisor works to help me publish in a timely manner and provides timely feedback on my progress so that I can readily meet my publication goals. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor provides the necessary writing structure and support that I need. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor fosters a creative and supportive research environment within the lab. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor fosters collaboration with other researchers (within and/or outside of GMU). | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor fosters collaboration amongst lab members to increase publication quota and writing experience. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor discusses paper assignments within the lab and tries to connect students with similar interests, especially students in their first 1-2 years of grad school. | **1 2 3 4 5** |
| Comments: | |

**Career Preparation:**

|  |  |
| --- | --- |
| 1. My research advisor regularly checks in on my long-term goals. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor exposes me to and helps me understand different career trajectories within psychology (or otherwise if appropriate). | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor respects and supports me in my career goals. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor provides developmentally appropriate career guidance. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor helps me network and connect with other scholars in the field, facilitating my professional growth. | **1 2 3 4 5** |
| Comments: | |

**Ethics and Boundaries:**

|  |  |
| --- | --- |
| 1. I have had conversation(s) with my mentor around boundaries (e.g., texting v. emailing, casual v. research conversations). | **1 2 3 4 5** |
| Comments: | |
| 1. I feel comfortable talking to my advisor about boundary or ethical concerns. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor respects my professional boundaries and intellectual property. | **1 2 3 4 5** |
| Comments: | |

**Academic/Program Advising:**

|  |  |
| --- | --- |
| 1. My advisor is knowledgeable about program requirements. | **1 2 3 4 5** |
| Comments: | |
| 1. My advisor checks in on progress toward program milestones. | **1 2 3 4 5** |
| Comments: | |

**Other comments:**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCT/Associate DCT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Agreement on Outside Clinical Activities

(Copy to be kept in file with the Graduate Programs Coordinator)

**Graduate Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date (include year)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list actual clinical work done for pay in the previous Spring semester:**

**CAP Cases:** \_\_\_\_\_\_\_\_\_ (total number)

**CAP Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Mental Health Evals/Consults:** \_\_\_\_\_\_\_\_\_\_ (total number)

**Other paid clinical work** (state what it is & # cases or hours)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated # hours spent in paid clinical work in the Spring Semester:** \_\_\_\_\_\_\_\_\_\_

**Please describe actual outside (not GRA) research work done for pay in the previous Spring semester:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated # hours spent in paid outside research work in the Spring Semester: \_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Please list expected clinical work for pay in the upcoming Summer:**

**CAP Cases:** \_\_\_\_\_\_\_\_\_ (total number)

**CAP Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Mental Health Evals/Consults:** \_\_\_\_\_\_\_\_\_\_ (total number)

**Other paid clinical work** (state what it is & # cases or hours)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe actual outside (not GRA) research work done for pay in the upcoming Summer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated # hours spent in paid outside research work in the Summer: \_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Please list expected clinical work for pay in the next Fall semester:**

**CAP Cases:** \_\_\_\_\_\_\_\_\_ (total number)

**CAP Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Comprehensive Assessments:** \_\_\_\_\_\_\_\_\_ (total number)

**Center Mental Health Evals/Consults:** \_\_\_\_\_\_\_\_\_\_ (total number)

**Other paid clinical work** (state what it is & # cases or hours)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe expected outside (not GRA) research work for pay in next Fall semester:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated # hours in paid outside research work in the Fall Semester: \_\_\_\_\_\_\_\_\_\_

**We agree that this level of outside clinical work will enhance rather than impede the student’s professional goals and progress in the program**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor Date**

## LOI Review Form

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOI: 2YP or Dissertation**

**Reader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Top of Form**

**Criterion 1: Rate the quality of the background, study justification, and conceptual framework (Significance of the Study)**

Below threshold

At threshold

Above threshold

Not enough information to rate

Rater does not have sufficient expertise to rate or comment

Comment:

**Criterion 2: Rate the potential for a successful study to contribute to the scientific literature**

Below threshold

At threshold

Above threshold

Not enough information to rate

Rater does not have sufficient expertise to rate or comment

Comment:

**Criterion 3: Rate the feasibility of the project**

Below threshold

At threshold

Above threshold

Not enough information to rate

Rater does not have sufficient expertise to rate or comment

Comment:

**Criterion 4: Rate the quality of the methods overall**

Below threshold

At threshold

Above threshold

Not enough information to rate

Rater does not have sufficient expertise to rate or comment

Comment:

**Criterion 5: Rate the quality of the limitation acknowledgement and contingency plans**

Below threshold

At threshold

Above threshold

Not enough information to rate

Rater does not have sufficient expertise to rate or comment

Comment:

**Please offer any additional overall comments:**

## Practicum Evaluation Form First Year

**Competency Benchmarks in Professional Psychology**

**GMU Readiness for Practicum Level Rating Form**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in Doctoral Program \_\_\_\_

Name of Placement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Evaluation Completed\_\_\_\_

Dates of Training Experience this Review Covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person(s) Completing Form (please include highest degree earned):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

If yes, whom (include highest degree and if licensed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision Mode:** \_\_Individual \_\_Group

**Type of supervision (% of each)**

\_\_Video Tape \_\_Direct Observation \_\_Audio Tape \_\_Post Hoc Discussion

**Number of Cases**

\_\_ Assessment\_\_Children \_\_\_Adolescents \_\_\_ Adults

Please rate each item using the scale below on the following pages. You may provide a narrative evaluation of the trainee’s current level of competence at the end of the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **READINESS FOR PRACTICUM (1st Year Students)** | | | | |
| **Not at All/Slightly** | **Somewhat** | **Moderately** | **Mostly** | **Very** |
| 0 | 1 | 2 | 3 | 4 |
| Displays evidence of competency to no/slight extent  (never or very infrequently) | Displays evidence of competency to some extent  (infrequently) | Displays evidence of competency to moderate extent  (at least half  of time) | Displays evidence of competency to a great extent  (most of time) | Displays evidence of competency to a very great extent  (almost always) |
| Below minimum level for practicum readiness | Approaching minimum level for practicum readiness | At minimum level for practicum readiness | Above minimum level for practicum readiness | Well above minimum level for practicum  readiness |
| Requires remediation plan | Requires remediation plan |  |  |  |
| [N/O] = No Opportunity to Observe | | | | |
| Goal: Achieve 2s by the end of the 1st year of graduate study.  Of note, some students may achieve higher ratings in “**PROFESSIONAL VALUES AND ATTITUDES**” which may be 3s or 4s from the start of graduate education. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FOUNDATIONAL COMPETENCIES**

|  |  |  |
| --- | --- | --- |
| **1. PROFESSIONAL VALUES AND ATTITUDES:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology. | | |
| **1A. Integrity -** Honesty, personal responsibility and adherence to professional values | | |
| Understands professional values; honest, responsible | | 0 1 2 3 4 [N/O] |
| **1B. Deportment** | | |
| Understands how to conduct oneself in a professional manner | | 0 1 2 3 4 [N/O] |
| **1C. Accountability** | | |
| Accountable and reliable | | 0 1 2 3 4 [N/O] |
| **1D. Concern for the welfare of others** | | |
| Demonstrates knowledge of the need to uphold and protect the welfare of others | | 0 1 2 3 4 [N/O] |
| **1E. Professional Identity** | | |
| Demonstrates beginning understanding of self as professional; thinking like a psychologist | | 0 1 2 3 4 [N/O] |
| ***1G. Professional Reliability*** |  | |
| *Manages client/volunteer scheduling, fees, and case issues* | 0 1 2 3 4 [N/O] | |
| *Attends all meetings, appointments, and classes on time* | 0 1 2 3 4 [N/O] | |
| *Prepares adequately for all meetings, appointments, and classes* | 0 1 2 3 4 [N/O] | |
| *Contacts clients/volunteer/others in a timely manner* | 0 1 2 3 4 [N/O] | |
| *Completes all paperwork (notes, reports, papers, files) on time* | 0 1 2 3 4 [N/O] | |

|  |  |
| --- | --- |
| **2. INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | |
| **2A. Self as Shaped by Individual and Cultural Diversity** (e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context** | |
| Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes towards diverse others | 0 1 2 3 4 [N/O] |
| **2B. Others as Shaped by Individual and Cultural Diversity and Context** | |
| Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings | 0 1 2 3 4 [N/O] |
| **2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** | |
| Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others | 0 1 2 3 4 [N/O] |
| **2D. Applications based on Individual and Cultural Context** | |
| Demonstrates basic knowledge of and sensitivity to the scientific, theoretical, and contextual issues related to ICD (as defined by APA policy) as they apply to professional psychology. Understands the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues) | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **3. ETHICAL LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. | |
| **3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines** | |
| Demonstrates basic knowledge of the principles of the APA Ethical Principles and Code of Conduct [ethical practice and basic skills in ethical decision making]; demonstrates beginning level knowledge of legal and regulatory issues in the practice of psychology that apply to practice while placed at practicum setting | 0 1 2 3 4 [N/O] |
| **3B. Awareness and Application of Ethical Decision Making** | |
| Demonstrates awareness of the importance of applying an ethical decision model to practice | 0 1 2 3 4 [N/O] |
| **3C. Ethical Conduct** | |
| Displays ethical attitudes and values | 0 1 2 3 4 [N/O] |

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| --- | --- | --- |
| **4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. | | |
| **4A. Reflective Practice** | | |
| Displays basic mindfulness and self-awareness; engages in reflection regarding professional practice, | 0 1 2 3 4 [N/O] | |
| **4B.** **Self-Assessment** | | |
| Demonstrates knowledge of core competencies; engages in initial self-assessment re: competencies | 0 1 2 3 4 [N/O] | |
| **4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning) | | |
| Understands the importance of self-care in effective practice; demonstrates knowledge of self-care methods; attends to self-care | | 0 1 2 3 4 [N/O] |
| **4D. Participation in Supervision Process** | | |
| Demonstrates straightforward, truthful, and respectful communication in supervisory relationships | | 0 1 2 3 4 [N/O] |

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| --- | --- |
| **5. RELATIONSHIPS:** Relate effectively and meaningfully with individuals, groups, and/or communities. | |
| **5A. Interpersonal Relationships** | |
| Displays interpersonal skills with:  Clients/volunteers | 0 1 2 3 4 [N/O] |
| Peers/colleagues | 0 1 2 3 4 [N/O] |
| Supervisors | 0 1 2 3 4 [N/O] |
| Professionals from other disciplines | 0 1 2 3 4 [N/O] |
| **5B. Affective Skills** | |
| Displays affective skills | 0 1 2 3 4 [N/O] |
| **5C. Expressive Skills** | |
| Communicates ideas, feelings, and information clearly using verbal, non-verbal, and written skills | 0 1 2 3 4 [N/O] |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FUNCTIONAL COMPETENCIES**

|  |  |
| --- | --- |
| **6. SCIENTIFIC KNOWLEDGE AND METHODS:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. | |
| **6A.** **Scientific Mindedness** | |
| Displays critical scientific thinking | 0 1 2 3 4 [N/O] |
| **6B.** **Scientific Foundation of Psychology** | |
| Demonstrates understanding of psychology as a science | 0 1 2 3 4 [N/O] |
| **6C. Scientific Foundation of Professional Practice** | |
| Understands the scientific foundation of professional practice | 0 1 2 3 4 [N/O] |

**SKIP 7 (RESEARCH/EVALUATION) FOR PRACTICUM LEVEL**

|  |  |
| --- | --- |
| **8. EVIDENCE BASED PRACTICE:** Integration of research and clinical expertise in the context of patient factors. | |
| **8A. Knowledge and Application of Evidence-Based Practice** | |
| Demonstrates basic knowledge of scientific, theoretical, and contextual bases of assessment, intervention and other psychological applications; demonstrates basic knowledge of the value of evidence-based practice and its role in scientific psychology | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9. ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. | | | | | | | |
| 9A. Knowledge of Measurement and Psychometrics | | | | | | | |
| Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing | | | | | 0 1 2 3 4 [N/O] | | |
| **9B. Knowledge of Assessment Methods** | | | | | | | |
| Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam | | | | | 0 1 2 3 4 [N/O] | | |
| **9C. Application of Assessment Methods** | | | | | | | |
| Demonstrates knowledge of measurement across domains of functioning and practice settings | | | | | 0 1 2 3 4 [N/O] | | |
| **9D. Diagnosis** | | | | | | | |
| Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity | | | | | 0 1 2 3 4 [N/O] | | |
| **9E. Conceptualization and Recommendations** | | | | | | | |
| Demonstrates basic knowledge of formulating diagnosis and case conceptualization | | | | | 0 1 2 3 4 [N/O] | | |
| *Organizes and integrates assessment information well in case conceptualizations* | | | | | 0 1 2 3 4 [N/O] | | |
| *Generates appropriate and useful recommendations* | | | | | 0 1 2 3 4 [N/O] | | |
| **9F. Communication of Assessment Findings** | | | | | | | |
| Writes adequate assessment reports | | | | | 0 1 2 3 4 [N/O] | | |
| Writes adequate progress notes | | | | | 0 1 2 3 4 [N/O] | | |
| Adequately communicates assessment findings verbally to client | | | | | 0 1 2 3 4 [N/O] | | |
| ***9G. Administrative/Technical*** | | | | |  | | |
| *Obtains relevant client information about functional and dysfunctional thoughts, feelings, behaviors, and social interactions efficiently* | | | | | 0 1 2 3 4 [N/O] | | |
| *Obtains other relevant client information skillfully* | | | | | 0 1 2 3 4 [N/O] | | |
| *Administers and scores tests correctly* | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **10. INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. | |
| **10A. Intervention Planning** | |
| Displays basic understanding of the relationship between assessment and intervention | 0 1 2 3 4 [N/O] |
| **10B. Skills** | |
| Displays basic helping skills | 0 1 2 3 4 [N/O] |
| **10C. Intervention Implementation** | |
| Demonstrates basic knowledge of intervention strategies | 0 1 2 3 4 [N/O] |
| **10D. Progress Evaluation** | |
| Demonstrates basic knowledge of the assessment of intervention progress and outcome | 0 1 2 3 4 [N/O] |

**SKIP 11 (CONSULTATION) & 12 (TEACHING) FOR PRACTICUM LEVEL**

|  |  |
| --- | --- |
| **13. SUPERVISION:** S**upervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.** | |
| **13A. Expectations and Roles** | |
| Demonstrates basic knowledge of expectations for supervision | 0 1 2 3 4 [N/O] |
| *Comes to supervision meetings prepared* | 0 1 2 3 4 [N/O] |
| *Incorporates feedback in clinical work (e.g., client/volunteer interactions, written work)* | 0 1 2 3 4 [N/O] |
| **13C. Skills Development** |  |
| Displays interpersonal skills of communication and openness to feedback | 0 1 2 3 4 [N/O] |

**SKIP 14 (INTERDISCIPLINARY SYSTEMS), 15 (MANAGEMENT ADMINISTRATION), & 16 (ADVOCACY) FOR PRACTICUM LEVEL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Overall Assessment of Trainee’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee’s particular strengths and weaknesses?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training? If applicable, is the trainee ready to begin practicum?

Other Comments

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

## Practicum Evaluation Form Second Year and Up

**Competency Benchmarks in Professional Psychology**

**GMU Readiness for Internship Level Rating Form**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in Doctoral Program \_\_\_\_

Name of Placement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Evaluation Completed\_\_\_\_

Dates of Training Experience this Review Covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person(s) Completing Form (please include highest degree earned):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

If yes, whom (include highest degree and if licensed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision Mode:** \_\_Individual \_\_Group

**Type of supervision (% of each)**

\_\_Video Tape \_\_Direct Observation \_\_Audio Tape \_\_Post Hoc Discussion

**Type of cases (No. of each)**:

\_\_Assessment \_\_Couples Therapy \_\_Group Therapy \_\_\_Individual Therapy

\_\_Parent Training \_\_Family Therapy (behavioral, systems, etc.) \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

\_\_Toddlers \_\_Children \_\_\_Adolescents \_\_\_ Adults

**Please rate each item using the scale below on the following pages. You may provide a narrative evaluation of the trainee’s current level of competence at the end of the form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **READINESS FOR PRACTICUM (1st Year Students)** | | | | |
| **Not at All/Slightly** | **Somewhat** | **Moderately** | **Mostly** | **Very** |
| 0 | 1 | 2 | 3 | 4 |
| Displays evidence of competency to no/slight extent  (never or very infrequently) | Displays evidence of competency to some extent  (infrequently) | Displays evidence of competency to moderate extent  (at least half  of time) | Displays evidence of competency to a great extent  (most of time) | Displays evidence of competency to a very great extent  (almost always) |
| Below minimum level for practicum readiness | Approaching minimum level for practicum readiness | At minimum level for practicum readiness | Above minimum level for practicum readiness | Well above minimum level for practicum  readiness |
| Requires remediation plan | Requires remediation plan |  |  |  |
| [N/O] = No Opportunity to Observe | | | | |
| Goals: Achieve 2s by the end of the 2nd year and 3s by the end of the 3rd year of graduate study. Of note, some students may achieve higher ratings in “**PROFESSIONAL VALUES AND ATTITUDES**” which may be 3s or 4s from the start of graduate education. | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

**FOUNDATIONAL COMPETENCIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. PROFESSIONAL VALUES AND ATTITUDES:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology. | | | |
| **1A. Integrity -** Honesty, personal responsibility and adherence to professional values | | | |
| Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values | | | 0 1 2 3 4 [N/O] |
| **1B. Deportment** | | | |
| Communication and physical conduct (including attire, etc.) is professionally appropriate, across different settings | | | 0 1 2 3 4 [N/O] |
| **1C. Accountability** | | | |
| Accepts responsibility for own actions | | | 0 1 2 3 4 [N/O] |
| **1D. Concern for the welfare of others** | | | |
| Acts to understand and safeguard the welfare of others | | | 0 1 2 3 4 [N/O] |
| **1E. Professional Identity** | | | |
| Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development | | | 0 1 2 3 4 [N/O] |
| ***1F. Professional Growth*** |  | | |
| *Responds professionally with greater independence in increasing complex situations* | | | 0 1 2 3 4 [N/O] |
| ***1G. Professional Reliability*** | |  | |
| *Manages clients’ scheduling, fees, and case issues* | | 0 1 2 3 4 [N/O] | |
| *Attends all meetings, appointments, and classes on time* | | 0 1 2 3 4 [N/O] | |
| *Prepares adequately for all meetings, appointments, and classes* | | 0 1 2 3 4 [N/O] | |
| *Contacts clients/consultants/others in a timely manner* | | 0 1 2 3 4 [N/O] | |
| *Completes all paperwork (notes, reports, papers, files) on time* | | 0 1 2 3 4 [N/O] | |

|  |  |
| --- | --- |
| **2. INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | |
| **2A. Self as Shaped by Individual and Cultural Diversity** (e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context** | |
| Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2B. Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of others as cultural beings in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others | 0 1 2 3 4 [N/O] |
| **2D. Applications based on Individual and Cultural Context** | |
| Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **3. ETHICAL LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. | |
| **3A. Knowledge of Ethical, Legal, and Professional Standards and Guidelines** | |
| Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations | 0 1 2 3 4 [N/O] |
| **3B. Awareness and Application of Ethical Decision Making** | |
| Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma | 0 1 2 3 4 [N/O] |
| **3C. Ethical Conduct** | |
| Integrates own moral principles/ethical values in professional conduct | 0 1 2 3 4 [N/O] |

|  |  |  |
| --- | --- | --- |
| **4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. | | |
| **4A. Reflective Practice** | | |
| Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action | 0 1 2 3 4 [N/O] | |
| **4B.** **Self-Assessment** | | |
| Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills | 0 1 2 3 4 [N/O] | |
| **4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning) | | |
| Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice | | 0 1 2 3 4 [N/O] |
| **4D. Participation in Supervision Process** | | |
| Effectively participates in supervision | | 0 1 2 3 4 [N/O] |
| *Comes to supervision meetings prepared* | | 0 1 2 3 4 [N/O] |
| *Is appropriately assertive in expressing own ideas* | | 0 1 2 3 4 [N/O] |
| *Listens and responds to feedback non-defensively* | | 0 1 2 3 4 [N/O] |
| *Incorporates feedback in clinical work (e.g., client interactions, written work)* | | 0 1 2 3 4 [N/O] |
| *Gives feedback to others in a supportive manner* | | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **5. RELATIONSHIPS:** Relate effectively and meaningfully with individuals, groups, and/or communities. | |
| **5A. Interpersonal Relationships** | |
| Forms and maintains productive/respectful relationships with:  Clients | 0 1 2 3 4 [N/O] |
| Peers/colleagues | 0 1 2 3 4 [N/O] |
| Supervisors | 0 1 2 3 4 [N/O] |
| Professionals from other disciplines | 0 1 2 3 4 [N/O] |
| **5B. Affective Skills** | |
| Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively | 0 1 2 3 4 [N/O] |
| **5C. Expressive Skills** | |
| Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **6. SCIENTIFIC KNOWLEDGE AND METHODS:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. | |
| **6A.** **Scientific Mindedness** | |
| Values and applies scientific methods to professional practice | 0 1 2 3 4 [N/O] |
| **6B.** **Scientific Foundation of Psychology** | |
| Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior) | 0 1 2 3 4 [N/O] |
| **6C. Scientific Foundation of Professional Practice** | |
| Demonstrates knowledge, understanding, and application of the concept of evidence-based practice | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **7. RESEARCH/EVALUATION:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | |
| **7A. Scientific Approach to Knowledge Generation** | |
| Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology | 0 1 2 3 4 [N/O] |
| **7B. Application of Scientific Method to Practice** | |
| Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs | 0 1 2 3 4 [N/O] |

**FUNCTIONAL COMPETENCIES**

|  |  |
| --- | --- |
| **8. EVIDENCE BASED PRACTICE:** Integration of research and clinical expertise in the context of patient factors. | |
| **8A. Knowledge and Application of Evidence-Based Practice** | |
| Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences evidence-based practice and its role in scientific psychology | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9. ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. | | | | | | | |
| 9A. Knowledge of Measurement and Psychometrics | | | | | | | |
| Selects assessment measures with attention to issues of reliability and validity | | | | | 0 1 2 3 4 [N/O] | | |
| **9B. Knowledge of Assessment Methods** | | | | | | | |
| Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances | | | | | 0 1 2 3 4 [N/O] | | |
| **9C. Application of Assessment Methods** | | | | | | | |
| Selects appropriate assessment measures to answer diagnostic question | | | | | 0 1 2 3 4 [N/O] | | |
| **9D. Diagnosis** | | | | | | | |
| Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity | | | | | 0 1 2 3 4 [N/O] | | |
| **9E. Conceptualization and Recommendations** | | | | | | | |
| Utilizes systematic approaches of gathering data to inform clinical decision-making | | | | | 0 1 2 3 4 [N/O] | | |
| *Organizes and integrates assessment information well in case conceptualizations* | | | | | 0 1 2 3 4 [N/O] | | |
| *Generates appropriate and useful recommendations* | | | | | 0 1 2 3 4 [N/O] | | |
| **9F. Communication of Assessment Findings** | | | | | | | |
| Writes adequate assessment reports | | | | | 0 1 2 3 4 [N/O] | | |
| Writes adequate progress notes | | | | | 0 1 2 3 4 [N/O] | | |
| Adequately communicates assessment findings verbally to client | | | | | 0 1 2 3 4 [N/O] | | |
| ***9G. Administrative/Technical*** | | | | |  | | |
| *Obtains relevant client information about functional and dysfunctional thoughts, feelings, behaviors, and social interactions efficiently* | | | | | 0 1 2 3 4 [N/O] | | |
| *Obtains other relevant client information skillfully* | | | | | 0 1 2 3 4 [N/O] | | |
| *Administers and scores tests correctly* | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **10. INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. | |
| **10A. Intervention Planning** | |
| Formulates, conceptualizes cases, and plans interventions utilizing at least one consistent theoretical orientation | 0 1 2 3 4 [N/O] |
| **10B. Skills** | |
| Displays clinical skills: Therapeutic relationship (empathy, warmth, listening, and nonverbal and verbal communication) | 0 1 2 3 4 [N/O] |
| Displays clinical skills: Clinical intervention | 0 1 2 3 4 [N/O] |
|  | 0 1 2 3 4 [N/O] |
|  | 0 1 2 3 4 [N/O] |
|  | 0 1 2 3 4 [N/O] |
|  | 0 1 2 3 4 [N/O] |
|  | 0 1 2 3 4 [N/O] |
| *Recognizes clinically important material and follows up appropriately* | 0 1 2 3 4 [N/O] |
| **10C. Intervention Implementation** | |
| Implements evidence-based intervention | 0 1 2 3 4 [N/O] |
| *Adapts evidence-based approaches when an evidence base is lacking* | 0 1 2 3 4 [N/O] |
| **10D. Progress Evaluation** | |
| Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures, taking into account multiple perspectives | 0 1 2 3 4 [N/O] |
| *Writes adequate progress notes* | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **11. CONSULTATION:** The ability to provide expert guidance or professional assistance in response to a client’s needs or goals. | |
| **11A. Role of Consultant** | |
| Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (e.g. therapist, supervisor, teacher) | 0 1 2 3 4 [N/O] |
| **11B. Addressing Referral Question** | |
| Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions | 0 1 2 3 4 [N/O] |
| **11C.** **Communication of Consultation Findings** | |
| Identifies literature and knowledge about process of informing consultee of assessment findings | 0 1 2 3 4 [N/O] |
| **11D. Application of Consultation Methods** | |
| Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings | 0 1 2 3 4 [N/O] |
| ***11E. General Knowledge of Consultation*** |  |
| *Demonstrates knowledge of consultation models and best practices* | 0 1 2 3 4 [N/O] |
| ***11F. Effectiveness of Collaboration & Consultation*** |  |
| *Collaborates and consults effectively with others from different professions and/or disciplines* | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **12. TEACHING:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology. | |
| **12A. Knowledge** | |
| Demonstrates awareness of theories of learning and how they impact teaching | 0 1 2 3 4 [N/O] |
| **12B. Skills** |  |
| Demonstrates knowledge of application of teaching methods | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **13. SUPERVISION:** S**upervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.** | |
| **13A. Expectations and Roles** | |
| Demonstrates knowledge of, purpose for, and roles in supervision | 0 1 2 3 4 [N/O] |
| **13B. Processes and Procedures** | |
| Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices | 0 1 2 3 4 [N/O] |
| **13C**. **Skills Development** | |
| Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals | 0 1 2 3 4 [N/O] |
| **13D. Supervisory Practices** | |
| Provides helpful supervisory input in peer and group supervision | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **14. INTERDISCIPLINARY SYSTEMS:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. | |
| **14A.** **Knowledge of the Shared and Distinctive Contributions of Other Professions** | |
| Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals | 0 1 2 3 4 [N/O] |
| **14B. Functioning in Multidisciplinary and Interdisciplinary Contexts** | |
| Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning | 0 1 2 3 4 [N/O] |
| **14C.** **Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes** | |
| Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals | 0 1 2 3 4 [N/O] |
| **14D. Respectful and Productive Relationships with Individuals from Other Professions** | |
| Develops and maintains collaborative relationships and respect for other professionals | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **15. MANAGEMENT ADMINISTRATION:** Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA). | |
| **15A. Appraisal of Management and Leadership** | |
| Forms autonomous judgment of organization’s management and leadership | 0 1 2 3 4 [N/O] |
| **15B. Management** |  |
| Demonstrates awareness of roles of management in organizations | 0 1 2 3 4 [N/O] |
| **15C. Administration** |  |
| Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures. | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **16. ADVOCACY:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual level. | |
| **16A. Empowerment** | |
| Uses awareness of the social, political, economic and cultural factors that may impact human development in the context of service provision | 0 1 2 3 4 [N/O] |
| **16B. Systems Change** |  |
| Promotes change to enhance the functioning of individuals | 0 1 2 3 4 [N/O] |

**Overall Assessment of Trainee’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee’s particular strengths and weaknesses?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training? If applicable, is the trainee ready to begin practicum?

Other Comments

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Clinical Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

## Practicum Supervisor Evaluation Form

**Name of supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Scale |  |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Strongly  Disagree |  |  |  |  |  | Strongly  Agree |

**Time and Effort Expended**

**My supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. | Was accessible. | |
|  | 2. | Regularly listened to and critiqued tapes. | |
|  | 3. | Regularly read and critiqued case notes. | |
|  | 4. | Monitored all of my cases for which he/she was responsible. | |
|  | 5. | Helped me make productive use of supervision time. | |
|  | 6. | Demonstrated familiarity with Clinic policies and procedures as described in the Clinic Handbook and the Clinical Program Handbook | |
|  |
|  | 7. | Was reliable (returned reports and other write-ups in a timely manner, kept appointments, on time for appointments, returned calls, etc.) | |
|  |
|  |  |  | |
| **Please describe problems, if any.** | | |  |
|  | | | |
|  | | | |

**Specific Input on Client Management**

**My supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 8. | Assisted in conceptualization of client problems. | |
|  | 9. | Assisted in developing treatment goals. | |
|  | 10. | Assisted in developing treatment plans, strategies, techniques and/or skills. | |
|  | 11. | Demonstrated familiarity with the APA ethnical code and monitored potential ethical concerns. | |
|  |
|  | 12. | Demonstrated expertise with a wide range of client problems. | |
|  | 13. | Demonstrated knowledge of a wide range of theoretical approaches. | |
|  | 14. | Demonstrated knowledge about the use and interpretation of the major assessment instruments/strategies we used in supervision this semester. | |
|  |
|  | 15. | Helped me seek out and use consultants effectively. | |
|  | 16. | Provided me with ongoing feedback throughout the semester. | |
|  |  |  | |
| **Please describe problems any problems or concerns.** | | |  |
|  | | | |
|  | | | |

17. My supervisor reviewed with me at the beginning of the semester the Supervisee Responsibilities, Supervisor Responsibilities, the Supervision Evaluation Form, and the Supervisor Evaluation Form.

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

18. My supervisor provided a Supervisor Evaluation Form to me at the end of the semester.

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

19. My supervisor missed or cancelled \_\_\_\_ individual supervision meetings this semester.

20. My supervisor missed or cancelled \_\_\_\_ group supervision meetings during the semester.

## Clinical Research Comprehensive Examination Feedback Form

**SECOND YEAR PROJECT COMPETENCY EVALUATION FORM**

**SCIENTIFIC KNOWLEDGE/METHODS (#6) AND RESEARCH/EVALUATION (#7)**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Year Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the paper on the following competencies using the following scale:**

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

|  |  |
| --- | --- |
| **THEORY** | |
| 1. Paper includes relevant theories | 1 2 3 4 |
| 2. Paper integrates relevant theory and empirical findings to generate predictions or research hypotheses | 1 2 3 4 |
| 3. Theory is integrated into the discussion of findings. | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC FOUNDATION** | |
| 4. Literature review is comprehensive, with appropriate citation of relevant works | 1 2 3 4 |
| 5. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC WRITING** | |
| 6. Writing is clear, concise, and scientific | 1 2 3 4 |
| 7. Paper attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **RESEARCH METHODOLOGY AND ANALYSIS** | |
| 8. The paper has clearly formulated goals, aims, and/or hypotheses | 1 2 3 4 |
| 9. The research design was appropriate to test the hypotheses or answer the research questions | 1 2 3 4 |
| 10. The analyses conducted are appropriate to the collected data and are best for addressing the hypotheses or answering the research questions | 1 2 3 4 |
| 11. The analyses and results are presented in an accurate, clear, and complete manner. | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC THINKING** | |
| 12. Paper provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations. | 1 2 3 4 |
| 13. The inferences or conclusions drawn from the data are reasonable. | 1 2 3 4 |
| 14. Results interpreted within the context of the broader literature. | 1 2 3 4 |
| 15. Limitations are appropriate to the project. | 1 2 3 4 |
| 16. Scientific and applied implications are appropriately and clearly communicated. | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **ETHICS & INDIVIDUAL/CULTURAL DIVERSITY & CONTEXT IN RESEARCH** | |
| 17. Relevant ethical, legal, and/or professional standards or guidelines  were appropriately identified and addressed in the paper (e.g. IRB, safety). | 1 2 3 4 |
| 18. Aware, knowledgeable, and skillful in considering issues of individual and cultural diversity in the paper. | 1 2 3 4 |
| 19. Incorporation of contextual factors in the design and/or conceptual model as well as discussion of findings | 1 2 3 4 |

Comments:

Overall Comments:

Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Pass: Yes No

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Pass: Yes No

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Pass: Yes No

\*Passed is defined as an average of 3 or higher.

## Clinical Comprehensive Exam Case Description Sheet

**(Adopted Fall 2011)**

Name of Student:

Name of Advisor:

Date of application:

Description of Case:

Date of Intake:

Diagnosis:

Type of Case:

Adult \_\_\_\_\_\_\_\_\_ Child \_\_\_\_\_\_\_\_\_ Teen\_\_\_\_\_\_\_\_

Individual \_\_\_\_\_\_\_\_\_ Family \_\_\_\_\_\_\_\_\_ Couple \_\_\_\_\_\_

Number of sessions seen at time of application (should be between 3-15 sessions): \_\_\_\_\_\_\_\_\_

Current supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Research Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed theoretical frameworks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Assignment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCT Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

## Individual Faculty Grading: Clinical Comprehensive Written Paper

**Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Examiners:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOMAIN 1: Ability to conduct an appropriate assessment.**

**Knowledge and Application of Assessment Methods (8A, 9B,C,G,F):** Selected appropriate evidence-based assessment methods to answer diagnostic questions and skillfully gathered relevant client information to aid in conceptualization (e.g., relevant history as well as functional/dysfunctional thoughts, behaviors, emotions, and social interactions). Findings are communicated effectively.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**Diagnosis (9D):** Used assessment information gathered to develop an accurate psychiatric diagnosis.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**Individual and Cultural Diversity (2A-D)**. Integrated knowledge of individual and cultural diversity and context into assessment and diagnosis. Individual and cultural diversity and context includes all aspects of social identity (e.g., race, gender identity, age, social class) that influence the case.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 2: Assessment Conceptualization/Formulation (2A-D, 6A-C, 8A, 9E):** Developed a case conceptualization that integrates assessment results, contextual factors (including culture), current research, and at least one evidence-based theoretical orientation.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 3: Intervention Plan (3A, 6A-C, 8A, 10A):** Developed an evidence-based intervention plan, using at least one consistent theoretical orientation, that is tied to both diagnosis and assessment conceptualization/formulation, and is informed by research and knowledge of professional standards.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 4: Integration of knowledge of science and evidence-based practice into clinical thinking and planning (5C, 6A-C, 8A)**: Through effective written communication, demonstrated how scientific research was used to inform assessment methods, case conceptualization, and intervention planning.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 5: Relationship and Intervention Skills (5A-C, 10B):** Demonstrated the development of a productive/respectful therapeutic relationship, used appropriate affect and clear verbal/non-verbal communication, and displayed strong intervention skills (e.g., rapport building, empathy, listening, assertiveness).

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

## Committee Grading: Clinical Comprehensive Exam (Written & Oral)

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Examiners**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOMAIN 1: Ability to conduct an appropriate assessment.**

**Knowledge and Application of Assessment Methods (8A, 9B,C,G,F):** Selected appropriate evidence-based assessment methods to answer diagnostic questions and skillfully gathered relevant client information to aid in conceptualization (e.g., relevant history as well as functional/dysfunctional thoughts, behaviors, emotions, and social interactions). Findings are communicated effectively.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**Diagnosis (9D):** Used assessment information gathered to develop an accurate psychiatric diagnosis.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**Individual and Cultural Diversity (2A-D)**. Integrated knowledge of individual and cultural diversity and context into assessment and diagnosis. Individual and cultural diversity and context includes all aspects of social identity (e.g., race, gender identity, age, and social class) that influence the case.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 2: Assessment Conceptualization/Formulation (2A-D, 6A-C, 8A, 9E):** Developed a case conceptualization that integrates assessment results, contextual factors (including culture), current research, and at least one evidence-based theoretical orientation.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 3: Intervention Plan (3A, 6A-C, 8A, 10A):** Developed an evidence-based intervention plan, using at least one consistent theoretical orientation, that is tied to both diagnosis and assessment conceptualization/formulation, and is informed by research and knowledge of professional standards.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 4: Integration of knowledge of science and evidence-based practice into clinical thinking and planning (5C, 6A-C, 8A)**: Through effective written communication, demonstrated how scientific research was used to inform assessment methods, case conceptualization, and intervention planning.

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**DOMAIN 5: Relationship and Intervention Skills (5A-C, 10B):** Demonstrated the development of a productive/respectful therapeutic relationship, used appropriate affect and clear verbal/non-verbal communication, and displayed strong intervention skills (e.g., rapport building, empathy, listening, assertiveness).

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass

3 = High pass

Comments:

**Overall Grade**

Circle one: 0 = Fail

1 = Rewrite/Remediation

2 = Pass with revisions

2.5 = Pass

3 = High pass

Comments:

**Rewrite/Remediation Plan (if applicable)**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

## Consultation Rating Form

**George Mason University Clinical Psychology Program**

Student's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 = Performed well below my expectations

2 = Performed below my expectations

3 = Met my expectations

4 = Performed above my expectations

5 = Performed well above my expectations

NA = Not applicable.

A. Needs Assessment Skills:

\_\_\_\_ 1. Developed rapport with the contact person and others in the organization.

\_\_\_\_ 2. Obtained relevant information efficiently.

\_\_\_\_ 3. Understood the needs of the organization.

\_\_\_\_ 4. Formulated a clear description of the services she/he could offer.

B. Implementation of Project:

\_\_\_\_ 5. Collaborated with contact person and others in the organization.

\_\_\_\_ 6. Made useful observations.

\_\_\_\_ 7. Was receptive to feedback.

\_\_\_\_ 8. Was appropriately assertive in expressing her/his own ideas.

\_\_\_\_ 9. Adapted the project to best serve the needs of the organization.

\_\_\_\_ 10. Was aware of diversity-related issues and effectively responded to them.

C. Professional Reliability:

\_\_\_\_ 11. Was reliable in attending scheduled meetings.

\_\_\_\_ 12. Came to meetings prepared.

\_\_\_\_ 13. Completed project in a timely way.

D. Use of Project.

\_\_\_\_ 14. Please describe the use of the student’s project in your organization with the following scale.

1 = No plan to use the project;

2 = With more revision, plan to use the project in the future;

3 = Will use current version of the project in the future;

4 = Have begun use of the project;

5 = The project has already changed our organization.

E. Please describe below and/or on another page any comments that you have about this student’s work.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

## Externship Training Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**George Mason University Externship Training Plan 2020-2021**

Please return to (and direct any questions to): Jerome Short, Ph.D., Department of Psychology 3F5, George Mason University, Fairfax, VA, 22030. Ph: 703-993-1368; FAX: 703-993-1359; Email: [jshort@gmu.edu](mailto:jshort@gmu.edu)

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| **Student’s name:** | **Student’s e-mail:** |
| **Supervisor’s name and degree (e.g., Ph.D.):** | |
| **Site/Agency Name:** | |
| **Jurisdiction(s) licensed in:**  **DC**  **MD**  **VA** | |
| **Supervisor’s Mailing Address:**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Supervisor’s e-mail:** |
| **Supervisor’s phone #**: |

**Guidelines:**

* Please complete this form and return it to the GMU Associate Director of Clinical Training **within two weeks of the start of the academic semester**.
* *Evaluations*: We request that supervisors complete written evaluations of the student after the Fall semester and again at the end of the Spring semester. The supervisee will provide the supervisor with these forms.
* Please describe several Training Goals for this Extern in the space below:

|  |  |
| --- | --- |
| **TRAINING PERIOD & REQUIRED DAYS**  **Training should be approximately 34 weeks (over 9 months).** | |
| **Start Date of Externship:** |  |
| **End Date of Externship:** |  |
| **# of days per week on site:** |  |
| **Required days of the week**: |  |

|  |  |  |
| --- | --- | --- |
| **ANTICIPATED TRAINING ACTIVITIES & SUPERVISION** | | **# HRS/WK** |
| **1. SERVICE-RELATED ACTIVITIES** | |  |
| **Direct Service (face-to-face client contact)** | **(a) Intake/Structured interviewing** |  |
| **(b) Psychodiagnostic Test Administration** |  |
| **(c) Individual Therapy** |  |
| **(d) Group/Couples/Family Therapy** |  |
|  | **(e) Consultations in person** |  |
| **Indirect Service** | **(f) Report Writing** |  |
| **(g) Case Presentations** |  |
| **(h) Consultations by phone** |  |
| **(i) Case Management** |  |
| **(j) Case Preparation (e.g., Chart Review, Video/audio recording review)** |  |
| **Total # of hours in service-related activities [sum of hours in 1a – 1i]** | |  |
| 1. **SUPERVISION**   Supervisory responsibility for the externship should be provided by a licensed psychologist. | |  |
| **Will the extern be supervised exclusively by a licensed psychologist?**  **If no, explain/describe:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Will there be direct observation of extern's clinical work at least once per assessment period (semester)? If no, explain/describe:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Yes  No  Yes  No |
| **(a) Individual (face-to-face) Supervision** | |  |
| **(b) Group Supervision** | |  |
| **Total # hours of Supervision by a licensed psychologist:** | |  |
| **Total # hours of Supervision by other health professionals or non-licensed individuals:** | |  |
| **3. DIDACTICS & RESEARCH** | |  |
| **(a) Case Conference attendance** | |  |
| **(b) Didactic Seminars/Journal Discussion** | |  |
| **(d) Research** | |  |
| **4. OTHER ACTIVITIES** | |  |
| **Other:      \_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **Other:      \_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **TOTAL # hours per week [sum of hours in 1, 2, 3, and 4]**  **Students should participate at the site for a maximum of 16 hours per week** | |  |

|  |  |
| --- | --- |
| COVID-19 Precautions | |
| The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. GMU encourages externship sites to offer services via telehealth. If a site offers in-person treatment, risks associated with COVID-19 must be reduced by following the protocols and procedures established by that site and/or those applicable based on federal, state, or local law or other guidance or directives issued by federal and state health agencies. This includes, but is not limited to, daily health checks, use of face masks, increased hand washing, use of hand sanitizers, social distancing, and/or quarantining when there is a known or suspected positive case of COVID-19. GMU reserves the right to terminate this agreement if the site does not take reasonable precautions to reduce COVID-19 risks for externs. | Do you agree to abide by these precautions?  Yes  No |
| SIGNATURES Please sign below indicating your agreement with the training to be provided: |  |
| Supervisor's signature: | Date: |
| Student’s signature: | Date: |
| GMU’s Associate Director of Clinical Training signature: | Date: |

## Extern Evaluation Form

**Competency Benchmarks in Professional Psychology**

**GMU Readiness for Internship Level Rating Form**

Trainee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year in Doctoral Program \_\_\_\_

Name of Placement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Evaluation Completed\_\_\_\_

Dates of Training Experience this Review Covers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person(s) Completing Form (please include highest degree earned):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed Psychologist: Yes No

Was this trainee supervised by individuals also under your supervision? Yes No

If yes, whom (include highest degree and if licensed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervision Mode:** \_\_Individual \_\_Group

**Type of supervision (% of each)**

\_\_Video Tape \_\_Direct Observation \_\_Audio Tape \_\_Post Hoc Discussion

**Type of cases (No. of each)**:

\_\_Assessment \_\_Couples Therapy \_\_Group Therapy \_\_\_Individual Therapy

\_\_Parent Training \_\_Family Therapy (behavioral, systems, etc.) \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

\_\_Toddlers \_\_Children \_\_\_Adolescents \_\_\_ Adults

Please rate each item using the scale below. You may do a narrative evaluation at the end of the form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **READINESS FOR INTERNSHIP (2nd Year + Students)** | | | | |
| **Not at All/Slightly** | **Somewhat** | **Moderately** | **Mostly** | **Very** |
| 0 | 1 | 2 | 3 | 4 |
| Displays evidence of competency to no/slight extent  (never or very infrequently) | Displays evidence of competency to some extent  (infrequently) | Displays evidence of competency to moderate extent  (at least half  of time) | Displays evidence of competency to a great extent  (most of time) | Displays evidence of competency to a very great extent  (almost always) |
| Well below minimum level for internship readiness | Below minimum level for internship readiness | Approaching minimum level for internship readiness | At minimum level for internship readiness | Above minimum level for internship readiness |
| Requires remediation plan | Requires remediation plan |  |  |  |
| [N/O] = No Opportunity to Observe | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opportunity**  **[N/O]** |

**FOUNDATIONAL COMPETENCIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. PROFESSIONAL VALUES AND ATTITUDES:** as evidenced in behavior and comportment that reflect the values and attitudes of psychology. | | | |
| **1A. Integrity -** Honesty, personal responsibility and adherence to professional values | | | |
| Adherence to professional values infuses work as psychologist-in-training; recognizes situations that challenge adherence to professional values | | | 0 1 2 3 4 [N/O] |
| **1B. Deportment** | | | |
| Communication and physical conduct (including attire, etc.) is professionally appropriate, across different settings | | | 0 1 2 3 4 [N/O] |
| **1C. Accountability** | | | |
| Accepts responsibility for own actions | | | 0 1 2 3 4 [N/O] |
| **1D. Concern for the welfare of others** | | | |
| Acts to understand and safeguard the welfare of others | | | 0 1 2 3 4 [N/O] |
| **1E. Professional Identity** | | | |
| Displays emerging professional identity as psychologist; uses resources (e.g., supervision, literature) for professional development | | | 0 1 2 3 4 [N/O] |
| ***1F. Professional Growth*** |  | | |
| *Responds professionally with greater independence in increasing complex situations* | | | 0 1 2 3 4 [N/O] |
| ***1G. Professional Reliability*** | |  | |
| *Manages clients’ scheduling, fees, and case issues* | | 0 1 2 3 4 [N/O] | |
| *Attends all meetings and appointments on time* | | 0 1 2 3 4 [N/O] | |
| *Contacts clients and consultants in a timely manner* | | 0 1 2 3 4 [N/O] | |
| *Completes all paperwork (notes, reports, file closing) on time* | | 0 1 2 3 4 [N/O] | |

|  |  |
| --- | --- |
| **2. INDIVIDUAL AND CULTURAL DIVERSITY:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy. | |
| **2A. Self as Shaped by Individual and Cultural Diversity** (e.g.,cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) **and Context** | |
| Monitors and applies knowledge of self as a cultural being in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2B. Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of others as cultural beings in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |
| **2C. Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context** | |
| Applies knowledge of the role of culture in interactions in assessment, treatment, and consultation of diverse others | 0 1 2 3 4 [N/O] |
| **2D. Applications based on Individual and Cultural Context** | |
| Applies knowledge, sensitivity, and understanding regarding ICD issues to work effectively with diverse others in assessment, treatment, and consultation | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opportunity**  **[N/O]** |

|  |  |
| --- | --- |
| **3. ETHICAL LEGAL STANDARDS AND POLICY:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations. | |
| **3A. Knowledge of Ethical, Legal and Professional Standards and Guidelines** | |
| Demonstrates intermediate level knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations | 0 1 2 3 4 [N/O] |
| **3B. Awareness and Application of Ethical Decision Making** | |
| Demonstrates knowledge and application of an ethical decision-making model; applies relevant elements of ethical decision making to a dilemma | 0 1 2 3 4 [N/O] |
| **3C. Ethical Conduct** | |
| Integrates own moral principles/ethical values in professional conduct | 0 1 2 3 4 [N/O] |

|  |  |  |
| --- | --- | --- |
| **4. REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. | | |
| **4A. Reflective Practice** | | |
| Displays broadened self-awareness; utilizes self- monitoring; displays reflectivity regarding professional practice (reflection-on-action); uses resources to enhance reflectivity; demonstrates elements of reflection-in-action | 0 1 2 3 4 [N/O] | |
| **4B.** **Self-Assessment** | | |
| Demonstrates broad, accurate self-assessment of competence; consistently monitors and evaluates practice activities; works to recognize limits of knowledge/skills, and to seek means to enhance knowledge/skills | 0 1 2 3 4 [N/O] | |
| **4C. Self-Care** (attention to personal health and well-being to assure effective professional functioning) | | |
| Monitors issues related to self-care with supervisor; understands the central role of self-care to effective practice | | 0 1 2 3 4 [N/O] |
| **4D. Participation in Supervision Process** | | |
| Effectively participates in supervision | | 0 1 2 3 4 [N/O] |
| *Comes to supervision meetings prepared* | | 0 1 2 3 4 [N/O] |
| *Is appropriately assertive in expressing own ideas* | | 0 1 2 3 4 [N/O] |
| *Listens and responds to feedback non-defensively* | | 0 1 2 3 4 [N/O] |
| *Incorporates feedback in clinical work (e.g., client interactions, written work)* | | 0 1 2 3 4 [N/O] |
| *Gives feedback to others in a supportive manner* | | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **5. RELATIONSHIPS:** Relate effectively and meaningfully with individuals, groups, and/or communities. | |
| **5A. Interpersonal Relationships** | |
| Forms and maintains productive/respectful relationships with:  Clients | 0 1 2 3 4 [N/O] |
| Peers/colleagues | 0 1 2 3 4 [N/O] |
| Supervisors | 0 1 2 3 4 [N/O] |
| Professionals from other disciplines | 0 1 2 3 4 [N/O] |
| **5B. Affective Skills** | |
| Negotiates differences and handles conflict satisfactorily; provides effective feedback to others and receives feedback nondefensively | 0 1 2 3 4 [N/O] |
| **5C. Expressive Skills** | |
| Communicates clearly using verbal, nonverbal, and written skills in a professional context; demonstrates clear understanding and use of professional language | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opportunity**  **[N/O]** |

**FUNCTIONAL COMPETENCIES**

|  |  |
| --- | --- |
| **6. SCIENTIFIC KNOWLEDGE AND METHODS:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. | |
| **6A.** **Scientific Mindedness** | |
| Values and applies scientific methods to professional practice | 0 1 2 3 4 [N/O] |
| **6B.** **Scientific Foundation of Psychology** | |
| Demonstrates intermediate level knowledge of core science (i.e., scientific bases of behavior) | 0 1 2 3 4 [N/O] |
| **6C. Scientific Foundation of Professional Practice** | |
| Demonstrates knowledge, understanding, and application of the concept of evidence-based practice | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **7. RESEARCH/EVALUATION:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities. | |
| **7A. Scientific Approach to Knowledge Generation** | |
| Demonstrates development of skills and habits in seeking, applying, and evaluating theoretical and research knowledge relevant to the practice of psychology | 0 1 2 3 4 [N/O] |
| **7B. Application of Scientific Method to Practice** | |
| Demonstrates knowledge of application of scientific methods to evaluating practices, interventions, and programs | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opp.**  **[N/O]** |

|  |  |
| --- | --- |
| **8. EVIDENCE BASED PRACTICE:** Integration of research and clinical expertise in the context of patient factors. | |
| **8A. Knowledge and Application of Evidence-Based Practice** | |
| Applies knowledge of evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9. ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations. | | | | | | | |
| 9A. Knowledge of Measurement and Psychometrics | | | | | | | |
| Selects assessment measures with attention to issues of reliability and validity | | | | | 0 1 2 3 4 [N/O] | | |
| **9B. Knowledge of Assessment Methods** | | | | | | | |
| Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances | | | | | 0 1 2 3 4 [N/O] | | |
| **9C. Application of Assessment Methods** | | | | | | | |
| Selects appropriate assessment measures to answer diagnostic question | | | | | 0 1 2 3 4 [N/O] | | |
| **9D. Diagnosis** | | | | | | | |
| Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity | | | | | 0 1 2 3 4 [N/O] | | |
| **9E. Conceptualization and Recommendations** | | | | | | | |
| Utilizes systematic approaches of gathering data to inform clinical decision-making | | | | | 0 1 2 3 4 [N/O] | | |
| *Organizes and integrates assessment information well in case conceptualizations* | | | | | 0 1 2 3 4 [N/O] | | |
| *Generates appropriate and useful recommendations* | | | | | 0 1 2 3 4 [N/O] | | |
| **9F. Communication of Assessment Findings** | | | | | | | |
| Writes adequate assessment reports | | | | | 0 1 2 3 4 [N/O] | | |
| Writes adequate progress notes | | | | | 0 1 2 3 4 [N/O] | | |
| Adequately communicates assessment findings verbally to client | | | | | 0 1 2 3 4 [N/O] | | |
| **9G. Administrative/Technical** | | | | |  | | |
| Obtains relevant client information about functional and dysfunctional thoughts, feelings, behaviors, and social interactions efficiently | | | | | 0 1 2 3 4 [N/O] | | |
| Obtains other relevant client information skillfully | | | | | 0 1 2 3 4 [N/O] | | |
| Administers and scores tests correctly | | | | | 0 1 2 3 4 [N/O] | | |
|  |  |  |  |  | |  |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opportunity**  **[N/O]** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **10. INTERVENTION:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. | | | | | | | |
| **10A. Intervention Planning** | | | | | | | |
| Formulates, conceptualizes cases, and plans interventions utilizing at least one consistent theoretical orientation | | | | | 0 1 2 3 4 [N/O] | | |
| **10B. Skills** | | | | | | | |
| Displays clinical skills: Therapeutic relationship (empathy, warmth, listening, and nonverbal and verbal communication) | | | | | 0 1 2 3 4 [N/O] | | |
| Displays clinical skills: Clinical intervention | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
|  | | | | | 0 1 2 3 4 [N/O] | | |
| *Recognizes clinically important material and follows up appropriately* | | | | | 0 1 2 3 4 [N/O] | | |
| **10C. Intervention Implementation** | | | | | | | |
| Implements evidence-based intervention | | | | | 0 1 2 3 4 [N/O] | | |
| *Adapts evidence-based approaches when an evidence base is lacking* | | | | | 0 1 2 3 4 [N/O] | | |
| **10D. Progress Evaluation** | | | | | | | |
| Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures, taking into account multiple perspectives | | | | | 0 1 2 3 4 [N/O] | | |
| *Writes adequate progress notes* | | | | | 0 1 2 3 4 [N/O] | | |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | | **No Opportunity**  **[N/O]** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11. CONSULTATION:** The ability to provide expert guidance or professional assistance in response to a client’s needs or goals. | | | | | | | | | | |
| **11A. Role of Consultant** | | | | | | | | | | |
| Demonstrates knowledge of the consultant’s role and its unique features as distinguished from other professional roles (e.g. therapist, supervisor, teacher) | | | | | | 0 1 2 3 4 [N/O] | | | | |
| **11B. Addressing Referral Question** | | | | | | | | | | |
| Demonstrates knowledge of and ability to select appropriate means of assessment to answer referral questions | | | | | | 0 1 2 3 4 [N/O] | | | | |
| **11C.** **Communication of Consultation Findings** | | | | | | | | | | |
| Identifies literature and knowledge about process of informing consultee of assessment findings | | | | | | 0 1 2 3 4 [N/O] | | | | |
| **11D. Application of Consultation Methods** | | | | | | | | | | |
| Identifies literature relevant to consultation methods (assessment and intervention) within systems, clients, or settings | | | | | | 0 1 2 3 4 [N/O] | | | | |
| ***11E. General Knowledge of Consultation*** | | | | | |  | | | | |
| *Demonstrates knowledge of consultation models and best practices* | | | | | | 0 1 2 3 4 [N/O] | | | | |
| ***11F. Effectiveness of Collaboration & Consultation*** | | | | | |  | | | | |
| *Collaborates and consults effectively with others from different professions and/or disciplines* | | | | | | 0 1 2 3 4 [N/O] | | | | |
|  |  |  |  |  | | |  | |
|  |  |  |  |  | | |  | |
| **12. TEACHING:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology. | | | | | | | | | | |
| **12A. Knowledge** | | | | | | | | | | |
| Demonstrates awareness of theories of learning and how they impact teaching | | | | | 0 1 2 3 4 [N/O] | | | | | |
| **12B. Skills** | | | | |  | | | | | |
| Demonstrates knowledge of application of teaching methods | | | | | 0 1 2 3 4 [N/O] | | | | | |
| **Not at All/Slightly 0** | | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | | | **Very**  **4** | | **No Opportunity**  **[N/O]** | |

|  |  |
| --- | --- |
| **13. SUPERVISION:** S**upervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.** | |
| **13A. Expectations and Roles** | |
| Demonstrates knowledge of, purpose for, and roles in supervision | 0 1 2 3 4 [N/O] |
| **13B. Processes and Procedures** | |
| Identifies and tracks progress achieving the goals and tasks of supervision; demonstrates basic knowledge of supervision models and practices | 0 1 2 3 4 [N/O] |
| **13C**. **Skills Development** | |
| Demonstrates knowledge of the supervision literature and how clinicians develop to be skilled professionals | 0 1 2 3 4 [N/O] |
| **13D. Supervisory Practices** | |
| Provides helpful supervisory input in peer and group supervision | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **14. INTERDISCIPLINARY SYSTEMS:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. | |
| **14A.** **Knowledge of the Shared and Distinctive Contributions of Other Professions** | |
| Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals | 0 1 2 3 4 [N/O] |
| **14B. Functioning in Multidisciplinary and Interdisciplinary Contexts** | |
| Demonstrates beginning knowledge of strategies that promote interdisciplinary collaboration vs. multidisciplinary functioning | 0 1 2 3 4 [N/O] |
| **14C.** **Understands how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes** | |
| Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals | 0 1 2 3 4 [N/O] |
| **14D. Respectful and Productive Relationships with Individuals from Other Professions** | |
| Develops and maintains collaborative relationships and respect for other professionals | 0 1 2 3 4 [N/O] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Not at All/Slightly 0** | **Somewhat**  **1** | **Moderately 2** | **Mostly**  **3** | **Very**  **4** | **No Opportunity**  **[N/O]** |

|  |  |
| --- | --- |
| **15. MANAGEMENT ADMINISTRATION:** Manage the direct delivery of services (DDS) and/or the administration of organizations, programs, or agencies (OPA). | |
| **15A. Appraisal of Management and Leadership** | |
| Forms autonomous judgment of organization’s management and leadership | 0 1 2 3 4 [N/O] |
| **15B. Management** |  |
| Demonstrates awareness of roles of management in organizations | 0 1 2 3 4 [N/O] |
| **15C. Administration** |  |
| Demonstrates knowledge of and ability to effectively function within professional settings and organizations, including compliance with policies and procedures. | 0 1 2 3 4 [N/O] |

|  |  |
| --- | --- |
| **16. ADVOCACY:** Actions targeting the impact of social, political, economic, or cultural factors to promote change at the individual level. | |
| **16A. Empowerment** | |
| Uses awareness of the social, political, economic and cultural factors that may impact human development in the context of service provision | 0 1 2 3 4 [N/O] |
| **16B. Systems Change** |  |
| Promotes change to enhance the functioning of individuals | 0 1 2 3 4 [N/O] |

**Overall Assessment of Trainee’s Current Level of Competence**

Please provide a brief narrative summary of your overall impression of this trainee’s current level of competence. In your narrative, please be sure to address the following questions:

What are the trainee’s particular strengths and weaknesses?

Do you believe that the trainee has reached the level of competence expected by the program at this point in training? If applicable, is the trainee ready to apply for internship?

Other Comments:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

## Evaluation of Externship Site

|  |  |
| --- | --- |
| Extern's Name | Externship Name |
| Supervisor(s) | Date |

Location:

Population (indicate): Child Adolescent Adult Elderly

Brief Description of Population/Presenting Problems (e.g., veterans, primarily GLBT, mostly anxiety disorders):

Describe setting (e.g., inpatient/outpatient, medical center, community clinic, etc.):

Describe any notable/unusual elements/opportunities of the externship experience:

Total Hours per week:

Estimate hours per week or percentage of time spent on each activity below:

Therapy: Assessment: Supervision: Didactic: Supervising others: Consult/Liaison:

Administrative: Other (describe):

Describe amount of supervision (hours per week): Individual Group

Supervisor(s) name, degree, email/phone:

Please list any additional information, description, etc.:

Please assign a rating of 1, 2, 3, 4, or 5 to each item below using the following scale. In deciding upon ratings, compare the externship with what you would expect from an externship in general with a similar amount of work responsibility. Indicate NA when Not Applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unsatisfactory  1 | Needs Improvement  2 | Acceptable  3 | Very Good  4 | Excellent  5 |

**Quality of Supervision:**

\_\_\_ 1. Amount of Supervision.

\_\_\_ 2. Level of Supportiveness.

\_\_\_ 3. Case Conceptualization.

\_\_\_ 4. Feedback on Written Work.

**Comments:**

**Client Contact Opportunities:**

\_\_\_ 5. Assessment Cases.

\_\_\_ 6. Individual Intervention Cases.

\_\_\_ 7. Couple/Family Intervention Cases.

\_\_\_ 8. Group Interventions.

**Comments:**

**Externship Environment:**

\_\_\_ 9. Comfort of Working Environment (e.g., adequate office space, parking, safety).

\_\_\_ 10. Quality of Seminars.

\_\_\_ 11. Interaction with Other Trainees.

\_\_\_ 12. Professional Manner with Clients and Other Staff.

**Comments:**

**Briefly list the professional activities that this extern can engage in.**

**Describe the externship's strengths.**

**Describe the externship's relative weaknesses.**

**Comments and suggestions for getting the most from this externship.**

**George Mason University**

**Department of Psychology**

## Thesis and Dissertation Committee Approval Form

This form must be signed by all members of your Thesis/Dissertation Committee and your Program Coordinator before the committee will be approved by the Department and recommended to the Dean’s Office. You are responsible for obtaining ALL signatures.

|  |  |  |  |
| --- | --- | --- | --- |
| Students Name: |  | | |
| GNumber: |  | | |
|  |  | | |
| Degree: |  | | |
|  |  | | |
| Program: |  | | |
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|  |  | | |
| Thesis/Dissertation Chair: |  | | |
|  |  | | |
| Signature: |  | | |
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| Committee Member #1: |  | | |
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| Signature: |  | | |
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| Committee Member #2: |  | | |
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| Signature: |  | | |
| Committee Member #3 |  | | |
|  |  | | |
| Signature: |  | | |
|  |  | | |
|  | |  |  |
| Program Coordinator/ Director of Clinical Training | |  | Date |
|  | |  |  |

## Dissertation Proposal Cover Sheet

NOTE: This page is to be used for the proposal only and NOT to be used for

the final dissertation or thesis.

George Mason University

TITLE OF THESIS, DISSERTATION, OR PROJECT PROPOSAL

FOR MASTER’S OR DOCTORAL DEGREE

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tentative Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee Members**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Director

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Member

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Member

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Member

Approved by Program Coordinator (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Department Chairpersons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received by the Graduate Dean or Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Dissertation Proposal Competency Evaluation Form

**DISSERTATION PROPOSAL COMPETENCY EVALUATION FORM**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the proposal on the indicated competencies using the following scale:**

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

|  |  |
| --- | --- |
| **THEORY** | |
| 1. Dissertation proposal includes relevant theories | 1 2 3 4 |
| 2. Dissertation proposal integrates relevant theory and empirical findings to generate predictions or research hypotheses | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC FOUNDATION** | |
| 3. Literature review is comprehensive, with appropriate citation of relevant works | 1 2 3 4 |
| 4. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC WRITING** | |
| 5. Writing is clear, concise, and scientific | 1 2 3 4 |
| 6. Dissertation proposal attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **RESEARCH METHODOLOGY AND ANALYSIS** | |
| 7. The dissertation proposal has clearly formulated goals, aims, and/or hypotheses | 1 2 3 4 |
| 8. The research design is appropriate to test the hypotheses or answer the research questions | 1 2 3 4 |
| 9. The analyses proposed are appropriate to the data that will be collected and are best for addressing the hypotheses or answering the research questions | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC THINKING** | |
| 11. Dissertation proposal provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations. | 1 2 3 4 |
| 12. Dissertation proposal identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated. | 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **ETHICS & INDIVIDUAL/CULTURAL DIVERSITY & CONTEXT IN RESEARCH** | |
| 13. Relevant ethical, legal, and/or professional standards or guidelines were appropriately identified and addressed in the dissertation proposal. |  |
| 14. Aware, knowledgeable, and skillful in considering issues of individual and cultural diversity in the dissertation proposal. |  |
| 15. Incorporation of contextual factors in the design and/or conceptual model. |  |

Comments:

|  |  |
| --- | --- |
| **PROFESSIONALISM, COMMUNICATION, AND INTERPERSONAL SKILLS** | |
| 16. Behavior during proposal was consistent with the professional values and codes of conduct of psychology |  |
| 17. Student was professional in communications, physical conduct, and attire during proposal |  |
| 18. Student demonstrated appropriate and effective affective and self-  regulatory skills during the proposal |  |
| 19. Student demonstrated appropriate and effective communication skills  during proposal (e.g., clear and articulate verbal and non-verbal  conveyance of information; effectively responds to questions/criticisms/ concerns) |  |

Comments:

Overall Comments:

**Determination**

For the dissertation proposal to be approved, the average competency rating must be 3.0 or higher. The ultimate determination is:

|  |  |  |
| --- | --- | --- |
| \_\_\_Approved as the Dissertation Proposal Stands | \_\_\_Approved, except for minor revisions | \_\_\_Not approved at this time, significant revisions required |
| Indicates that the student has successfully completed the requirement and no revisions to the written work will be required. | Indicates that minor revisions are required that can be approved by the Chair (advisor).  Required revisions will be outlined and described to the student in a separate document. | Indicates that significant revisions are required. In order to pass the dissertation proposal, the revised dissertation proposal must be re-evaluated by all committee members.  Required revisions will be outlined and described to the student in a separate document. |

Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Department Evaluation of Dissertation Proposal

**PSYCHOLOGY - RUBRIC FOR EVALUATION OF THESIS/DISSERTATION PROPOSALS (Document)**

Task Description: Describe the research proposed for your dissertation or thesis. Briefly review the background of the field, state the goals, aims or hypotheses of your research, showing how the research is important and addresses unknown questions. Explain your methodology and data analysis plan and demonstrating the feasibility of proposed research. **A minimum score of “9” is required averaged across all committee members to receive a passing score.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dimension | Excellent (4-5 points) | Competent (2-3 pts) | Needs work (0-1 pt) |
| WRITING 30%  \_\_\_\_\_\_\_\_ | Ideas and description are well organized into paragraphs with good topic sentences. Paragraphs are logically ordered, with good transitions between paragraphs and between topics. Sentences are clearly understandable. | Some paragraphs contain a mix of different topics. Paragraphs are not always related to prior or following paragraphs, or transitions between paragraphs are poor. Sentences are somewhat understandable. | Most paragraphs contain a mix of different topics, and descriptions of single topics are scattered throughout multiple paragraphs. Paragraphs have no logical order. Sentences are unintelligible. |
| CONTENT - background 30%  \_\_\_\_\_\_\_\_\_\_ | Student has identified a significant question in psychology. Goals of research are clearly stated. Displays superior knowledge/understanding of relevant theoretical and empirical literature. | Student has identified a reasonable question in psychology. Goals of research are stated somewhat vaguely. Displays basic knowledge and understanding of relevant theoretical and empirical literature. | Significance of question to be addressed is uncertain. Goals of research are unclear. Unaware or confused about relevant theoretical and empirical literature. |
| CONTENT - plan 40%  \_\_\_\_\_\_\_\_ | Research plan is well designed to address the question, including appropriate controls. Demonstrated the feasibility of the research, shows mastery of the techniques to be used. Proposed analysis is clearly explained, and demonstrates superior understanding of methods and relevant statistical/data analyses. | Research Plan approaches or partly addresses the question; controls are included, but not sufficient. Some understanding of the techniques to be used. Analysis plan demonstrates moderate understanding of data analysis and relevant statistical/data. | Research Plan is poorly designed - it will not address the question or hypothesis; relevant controls are not included. Project does not seem feasible. Incorrect or missing explanation of how results will be analyzed. |

Score (0 to 5 points for each dimension): \_\_\_\_\_\_\_ out of 15 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMITTEE MEMBER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Department Evaluation of Oral Presentation

**PSYCHOLOGY - RUBRIC FOR ORAL PRESENTATION (Thesis/Dissertation/Otherwise)**

Explain the research or project proposed, in progress or performed for your dissertation/thesis/project. Alternatively, explain research performed by others and published in a journal article. Clearly identify goals and significance of research, methodology (including data analysis), results (which may be preliminary for research proposals) and interpretation or implications of the results. **An average score of “12” is required by all committee members to receive a passing score.**

|  |  |  |  |
| --- | --- | --- | --- |
| Dimension | Excellent (4-5 points) | Competent (2-3 pts) | Needs work (0-1 pt) |
| Knowledge and understanding of topic/significance of research 25%  \_\_\_\_\_\_ | The presentation demonstrates a depth of understanding by using relevant and accurate detail. Significance and goals have been clearly identified. | The presentation shows moderate understanding using somewhat relevant and accurate detail. Significance and goals are partially or vaguely described. | The presentation uses little relevant or accurate information. Significance and goals have not been identified. |
| Knowledge and understanding of methodology and results 25%  \_\_\_\_\_\_\_\_ | Methods and data analyses are described well; limitations in methodology are acknowledged. Major results are identified, explained, and placed in context. | Methods and data analyses are described somewhat; limitations in methodology are not really acknowledged. Major results are not identified, explained, and placed in context very well. | Methods and data analyses are not described or described poorly; limitations in methodology are not acknowledged. Major results are not identified, explained, and placed in context. |
| Communication 25%  \_\_\_\_\_\_\_\_ | The presentation is interesting, engaging, and effective. Appropriate eye contact, voice quality, and poise is exhibited. | The presentation basically conveys the main ideas, but is not particularly interesting. Minimal eye contact and poise. | The presentation is uninteresting and/ or confusing. Ideas not conveyed well at all. Poor presence. |
| Use of visual aids 25%  \_\_\_\_\_\_\_\_\_ | The presentation includes appropriate, creative, and easily understood visual aids, that complement and enhance the presented information. | The presentation includes some appropriate visual aids, but these are too few, or are difficult to understand, or the presenter does not refer to or explain them well. | The presentation includes no visual aids. Or the visual aids distract from or confuse rather than complement the information. |

Score (0 to 5 points for each dimension): \_\_\_\_\_\_\_ out of 20 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMITTEE MEMBER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Department Evaluation of Final Dissertation

**PSYCHOLOGY - RUBRIC FOR EVALUATION OF FINAL THESIS/DISSERTATION (Document)**

An average score of “12” is required by all committee members to receive a passing score.

|  |  |  |  |
| --- | --- | --- | --- |
| Dimension | Excellent (4-5 points) | Competent (2-3 pts) | Needs work (0-1 pt) |
| WRITING 25%  \_\_\_\_\_\_\_\_ | Ideas and description are well organized into paragraphs with good topic sentences. Paragraphs are logically ordered, with good transitions between paragraphs and between topics. Sentences are clearly understandable. | Some paragraphs contain a mix of different topics. Paragraphs are not always related to prior or following paragraphs, or transitions between paragraphs are poor. Sentences are somewhat understandable. | Most paragraphs contain a mix of different topics, and descriptions of single topics are scattered throughout multiple paragraphs. Paragraphs have no logical order. Sentences are unintelligible. |
| CONTENT - Background 25%  \_\_\_\_\_\_\_\_ | Student has identified a significant question in psychology. Goals of research are clearly stated. Displays superior knowledge/understanding of relevant theoretical and empirical literature. | Student has identified a reasonable question in psychology. Goals of research are stated somewhat vaguely. Displays basic knowledge and understanding of relevant theoretical and empirical literature. | Significance of question to be addressed is uncertain. Goals of research are unclear. Unaware or confused about relevant theoretical and empirical literature. |
| CONTENT – Methods and Data Analysis 25%  \_\_\_\_\_\_\_\_ | Results clearly answer the research question(s); analyses include appropriate controls. Shows mastery of the techniques used. Analysis is clearly explained, and demonstrates superior understanding of methods and relevant statistical/data analyses. Excellent use of graphs, figures, and/or tables. | Research approach partly addresses the question; controls are included, but not sufficient. Some understanding of the techniques used. Analysis demonstrates moderate understanding of data analysis and relevant statistical/data. OK use of graphs, figures, and/or tables. | Research is poorly designed – does not address the question or hypothesis; relevant controls are not included. Incorrect or missing explanation of how results were analyzed. Poor use of graphs, figures, and/or tables. |
| CONTENT - Discussion/ Implications 25%  \_\_\_\_\_\_\_\_\_\_ | Interpretation of results is well placed in the context of prior research and linked to theory, Clear and appropriate implications for practice/policy and for future research are provided. | Interpretation of results is only somewhat placed in the context of prior research and linked to theory, Weak implications for practice/policy and for future research are provided. | Interpretation of results is not placed in the context of prior research and linked to theory, Implications for practice/policy and for future research are not provided or are inappropriate. |

Score (0 to 5 points for each dimension): \_\_\_\_\_\_\_ out of 15 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMITTEE MEMBER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Dissertation Defense Competency Evaluation Form

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dissertation Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate what type of paper is being rated (literature review or empirical paper):**

**Paper #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paper #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Competencies in bold should only be rated for a literature review.***

**Please rate the dissertation documents on the indicated competencies using the scale below:**

**1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree**

|  |  |
| --- | --- |
| **THEORY** | |
| 1. Dissertation document includes relevant theories | 1) 1 2 3 4  2) 1 2 3 4 |
| 2. Dissertation document integrates relevant theory and empirical findings to generate predictions or research hypotheses | 1) 1 2 3 4  2) 1 2 3 4 |
| 3. Theory is integrated into the discussion of findings | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC FOUNDATION** | |
| 4. Literature review is comprehensive, with appropriate citation of relevant works | 1) 1 2 3 4  2) 1 2 3 4 |
| 5. Literature review is balanced and without bias, including findings that both strengthen and weaken hypotheses | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC WRITING** | |
| 6. Writing is clear, concise, and scientific | 1) 1 2 3 4  2) 1 2 3 4 |
| 7. Dissertation document attributes ideas to appropriate sources, and uses references effectively to make specific points or arguments | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **RESEARCH METHODOLOGY AND ANALYSIS** | |
| 8. The dissertation document has clearly formulated goals, aims, and/or hypotheses | 1) 1 2 3 4  2) 1 2 3 4 |
| 9. The research design is appropriate to test the hypotheses or answer the research questions | 1) 1 2 3 4  2) 1 2 3 4 |
| 10. The analyses conducted are appropriate to the collected data and are best for addressing the hypotheses or answering the research questions | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **SCIENTIFIC THINKING** | |
| **11. Dissertation document integrates multiple theories and/or empirical findings to propose new ideas/conceptualizations of issues.** | 1) 1 2 3 4  2) 1 2 3 4 |
| 12. Dissertation document provides an in-depth and accurate critique of existing literature, including an understanding of ambiguities and limitations. | 1) 1 2 3 4  2) 1 2 3 4 |
| 13. Dissertation document identifies what is actually demonstrated in the literature review, not simply what the authors of specific studies may have claimed was demonstrated. | 1) 1 2 3 4  2) 1 2 3 4 |
| 14. The inferences or conclusions drawn from the data are reasonable. | 1) 1 2 3 4  2) 1 2 3 4 |
| 15. Results are interpreted within the context of the broader literature. | 1) 1 2 3 4  2) 1 2 3 4 |
| 16. Limitations are appropriate to the project. | 1) 1 2 3 4  2) 1 2 3 4 |
| 17. Scientific and applied implications are appropriately and clearly communicated. | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **ETHICS & INDIVIDUAL/CULTURAL DIVERSITY & CONTEXT IN RESEARCH** | |
| 18. Relevant ethical, legal, and/or professional standards or  guidelines were appropriately identified and addressed in the dissertation document (e.g., IRB, debriefing, safety). | 1) 1 2 3 4  2) 1 2 3 4 |
| 19. Aware, knowledgeable, and skillful in considering issues of individual and cultural diversity in the dissertation document. | 1) 1 2 3 4  2) 1 2 3 4 |
| 20. Incorporation of contextual factors in the design and/or conceptual model as well as the discussion of findings. | 1) 1 2 3 4  2) 1 2 3 4 |

Comments:

|  |  |
| --- | --- |
| **PROFESSIONALISM, COMMUNICATION, AND INTERPERSONAL SKILLS** | |
| 21. Behavior during defense was consistent with the professional values and codes of conduct of psychology | 1) 1 2 3 4 |
| 22. Student was professional in communications, physical conduct, and attire during defense | 2) 1 2 3 4 |
| 23. Student demonstrated appropriate and effective affective and self-  regulatory skills during the defense | 1) 1 2 3 4 |
| 24. Student demonstrated appropriate and effective communication skills  during defense (e.g., clear and articulate verbal and non-verbal  conveyance of information; effectively responded to questions/criticisms/ concerns) | 2) 1 2 3 4 |

Comments:

Overall Comments:

**Determination**

For the dissertation to be approved, the average competency rating must be 3.0 or higher. The ultimate determination is:

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_Approved as the Dissertation Stands | \_\_\_Approved, except for minor revisions | \_\_\_Not approved at this time, significant revisions required | \_\_\_Dissertation is unacceptable |
| Indicates that the student has successfully completed the requirement and no revisions to the written work will be required.  Committee members sign the dissertation approval page. | Indicates that minor revisions are required that can be approved by the Chair (advisor).  Required revisions will be outlined and described to the student in a separate document.  Committee members sign the dissertation approval page. The Chair does not sign the approval page until all changed have been made and approved. | Indicates that significant revisions are required. In order to pass the dissertation defense, the revised dissertation must be re-evaluated by all committee members.  Required revisions will be outlined and described to the student in a separate document.  Committee members sign the dissertation approval page after all revisions have been reviewed and approved by all committee members. In some instances, an additional committee meeting may be required. | In the instance of a failure, discussion of the full faculty will occur regarding determination of next steps. |

Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated

Department of Psychology

4400 University Drive, MS 3F5, Fairfax, Virginia 22030

Phone: 703-993-2039; Fax: 703-993-1359

## Clinical Psychology Internship Completion Form

**Intern’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beginning Date of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ending Date of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate Number of Hours Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title or Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Summary of F31 Predoctoral Fellowship Guidelines

*The Ruth L. Kirschstein National Service Award for Individual Predoctoral Fellowship (F31)*provides predoctoral training support for doctoral candidates who have completed their

comprehensive examinations or the equivalent by the time of award and will be performing

dissertation research and training. The applicant should provide evidence of potential for a

productive research career based upon the quality of previous training and academic record.

The applicant must propose a dissertation research project and training program which falls into

a research area within the scientific mission of the NIAAA, NIBIB, NIDCD, NIDA, NIMH, or

NINDS. The research training experience must enhance the applicant’s conceptualization of

research problems and research skills, under the guidance and supervision of a committed mentor who is an active and established investigator in the area of the applicant's proposed research.

The research training program should be carried out in a research environment that includes appropriate human and technical resources and is demonstrably committed to the research training of the applicant. The application must include evidence that current and ongoing instruction in the principles of responsible conduct of research will be incorporated into the proposed research training plan. Fellowship awardees are required to pursue their research

training on a full-time basis, devoting at least 40 hours per week to the training program. The

F31 fellowship supports research training applied toward preparation of a dissertation and does

not support study leading to the M.D., D.O., D.D.S., Psy.D., or similar professional degrees.

*Application forms for F31* (uses PHS 416-1) are available online at

<https://grants.nih.gov/grants/funding/416/phs416.htm>

**Writing Successful Proposals**

**A. General Strategies for Successful Proposals**

*Convincing reviewers of the merits of your proposal.* Proposals are typically reviewed by a

panel or group of scholars who are reasonably knowledgeable about the research area of your

proposal. To succeed, you will have to be at least as knowledgeable as they are. Consider the

reviewers to be "informed strangers." A primary function of your proposal is to persuade the

review group that what you plan to do stands out in terms of conceptual innovation,

methodological rigor, and substantive content. Remember that the review group has to choose

among or rate many highly competitive proposals. Reviewers also can’t read your mind—if you

don’t write it in the proposal, they won’t know about it. You must include enough detail to

convince them your hypothesis is sound and important, your aims are logical and feasible, you

understand potential problems, and you can properly analyze the data.

**The typical peer reviewer:**

► has a breadth and depth of knowledge and a vested interest in ranking applications in

an unbiased and fair manner based on likely contribution to knowledge.

► may not be extremely familiar with all techniques used in a grant. All parts of the

grant must therefore be clear and written in such a way that a non-expert can

understand them.

► may not know the applicant personally, or feel comfortable with his or her level of

independence, knowledge of the field, ability to design experiments with appropriate

controls, ability to decide what to do if proposed experiments don't work out, etc. It is

the job of the applicant to convince the reviewer.

► may not fully understand the significance without a compelling argument.

► is capable of understanding preliminary data if presented.

► must read several applications in great detail and evaluate all of them. Therefore, the

successful application is clear, precise, easy to read, and free of errors.

**Basic questions reviewers ask about research proposals:**

► How high are the intellectual quality and merit of the study?

► What are we going to learn as a result of the proposed project that we do not already

know, i.e., what is its potential impact and why is it worth knowing?

► How novel is the proposal? If not novel, to what extent does potential impact

overcome this lack? Is the research likely to produce new data and concepts?

► Is the hypothesis valid and is there evidence to support it?

► Are the goals or aims logical?

► Are the procedures appropriate, adequate, and feasible for the research?

► Is the investigator qualified to conduct the research?

► Are the facilities adequate and the environment conducive to the research?

**Additional questions reviewers ask about training plans:**

► Is the training plan distinct from the regular course of graduate study?

► Is the training plan feasible, i.e., can it be accomplished within time, funding, and

geographic constraints?

► Will the training plan contribute significantly to the applicant’s academic career?

► Is there appropriate coordination between research and training components?

*Writing the proposal.* Writing a grant or fellowship proposal is different from writing up the

results of research. A major difference is that the proposal details what you *plan to do,* rather

than reporting on work already completed. You must also take care to communicate effectively

through clear and concise writing. Well-written proposals are organized, direct, concise, and

carefully crafted to address the guidelines in the application. It is helpful to have several

objective experts review your proposal before you submit it.

**Writing Tips**

**1.** Prefer the active rather than the passive voice. For example, write "We will develop a

cell line," not "A cell line will be developed."

**2.** Keep related ideas and information together, e.g., put clauses and phrases as close as

possible to - preferably right after the words they modify.

**3.** Simplify and break up long, involved sentences and paragraphs. In general, use short

simple sentences; they are much easier on the reader. Your goal is communication.

**4.** Edit out redundant words and phrases. Edit and proofread thoroughly. Look carefully

for typographical and grammatical mistakes, omitted information, and errors in

figures and tables. Sloppy work will definitely suffer in review. Reviewers feel that if

the application is sloppy or disorganized, the applicant's research may be as well.

**Writing a Proposal for a Research Project Grant**

The sections below are based on a typical NIH research project grant.

***Title***

**1.** Make your title specific and detailed. If your application is a revision, do NOT

change the title.

**2.** Stay within the 56-character limitation (this includes spaces between words).

***Developing the Hypothesis***

**1.** Most reviewers feel that a good grant application is driven by a strong hypothesis.

The hypothesis is the foundation of your application. Make sure it's solid. It must be

important to the field, and you must have a means of testing it.

**2.** Provide a rationale for the hypothesis. Make sure it's based on current scientific

literature. Consider alternative hypotheses.

**3.** A good hypothesis should increase understanding of biologic processes, diseases,

treatments and/or preventions.

**4.** Your proposal should be driven by one or more hypotheses, not by advances in

technology (i.e., it should not be a method in search of a problem). Also, avoid

proposing a "fishing expedition" that lacks solid scientific basis.

**5.** State your hypothesis in both the specific aims section of the research plan and the

abstract.

***Developing Your Research Plan***

**1.** A top-quality research plan is the most important factor determining your application's success in peer review. As with a scientific publication, developing your ideas is key. Read the grant application kit carefully for specific elements to be included in the research plan. Before proceeding into specific sections of the plan, here are some general tips:

**2.** Your application should be based on a strong hypothesis.

**3.** Be sure your project has a coherent direction.

**4.** Keep the sections of the plan well-coordinated and clearly related to the central focus.

**5.** Emphasize mechanism: A good grant application asks questions about mechanisms.

**6.** Don't be overly ambitious - your plan should be based on a feasible timetable.

**7**. Specific aims and experiments should relate directly to the hypothesis to be tested

**PHS agency research plans include sections outlined in PHS 398 as follows:**

***A. Specific Aims* (Should include 2-4 aims)**

**1.** Your specific aims are the objectives of your research project, what you want to

*learn*, not activities you plan to *conduct.* The project aims should be driven by the

hypothesis you set out to test. Make sure they are highly focused.

**2.** Begin this section by stating the general purpose or major objectives of your research

in a brief introductory statement. You also want to catch reviewers’ attention, so

make sure this is well written and compelling.

**3.** Be sure all objectives relate directly to the hypothesis you are setting out to test. If

you have more than one hypothesis, state specific aims for each one. Keep in mind

your research methods will relate directly to the aims you have described.

**4**. Choose objectives that can be easily assessed by the review committee. Do not

confuse specific aims with long-term goals.

***B. Background and Significance***

**1.** Keep the statement of significance brief. State how your research is innovative, how

your proposal looks at a topic from a fresh point of view or develops or improves

technology.

**2.** Show how the hypothesis and research will increase knowledge in the field. Relate

them to the longer-term, big picture scientific objectives and to the betterment of

public health.

**3.** Justify your proposal with background information about the research field that led to

the research you are proposing. The literature section is very important because it

shows reviewers you understand the field.

**4.** Use this opportunity to reveal that you are aware of gaps or discrepancies in the field.

Show familiarity with unpublished work, gained through personal contacts, as well.

**5.** Identify the next logical stage of research beyond your current application.

***C. Preliminary Studies/Progress Report***

**1.** By providing preliminary data, this extremely important section helps build reviewers'

confidence that you can handle the technologies, understand the methods, and interpret results.

**2.** Preliminary data should support the hypothesis to be tested and the feasibility.

**3.** Explain how the preliminary results are valid and how early studies will be

expanded in scope or size.

**4.** Make sure you interpret results critically. Showing alternative meanings indicates

that you've thought the problem through and will be able to meet future challenges.

**5.** Preliminary data may consist of your own publications, publications of others, or

unpublished data from your own laboratory or from others.

**6.** Include manuscripts submitted for publication.

***D. Research Design and Methods***

**1.** Describe the experimental design and procedures in detail and give a rationale for their use.

**2.** Organize this section so each experiment or set of experiments corresponds to one of your

specific aims and is stated in the same order. Even holding to this structure, the experiments still must follow a logical sequence. They must have a clear direction or priority, i.e., the experiments should follow from one another and have a clear starting or finishing point.

**3.** Convince reviewers that the methods you chose are appropriate to your specific aims, that you

are familiar with them, and that, unless innovative, they are well established. If your methods are innovative, show how you have changed existing, proven methods while avoiding technical problems. Describe why the new methods are advantageous to the research you propose to do.

**4.** More and more applicants are including colored charts, graphs, and photographs in their

applications. If you must use color to get your point across, it is wise to also place a copy of the item in an appendix, noting this in the body of the text. (However, do not put important figures only in the appendix, or overly-reduced figures in the body of the application with enlargements in the appendix. The Research Plan must be self-contained. The appendix should not be used to circumvent the Research Plan page limits.) Many applicants are not aware that most of the study section members may receive only black and white photocopies of their original application. However, assigned reviewers do receive originals of the appendices (which is why five copies are requested) and usually receive original copies of the application as well. Now many applications are being distributed electronically.

***Approach***

**1.** State why you chose your approach(es) as opposed to others.

**2.** If you are choosing a nonstandard approach, explain why it is more advantageous

than a conventional one. Ask yourself whether the innovative procedures are feasible

and within your competence.

**3.** Call attention to potential difficulties you may encounter with each approach.

**4.** Reviewers will be aware of possible problems; convince them you can handle such

circumstances. Propose alternatives that would circumvent potential limitations.

**5.** Consider the limitations of each approach and how it may affect your results and the

data generated.

**6.** Spell it out in detail. While you may assume reviewers are experts in the field and

familiar with current methodology, they will not make the same assumption about

you. It is not sufficient to state, "We will grow a variety of viruses in cells using

standard in vitro tissue culture techniques." Reviewers want to know which viruses,

cells, and techniques; the rationale for using the particular system; and exactly how

the techniques will be used. Details show you understand and can handle the

research.

**7.** Make sure any proposed model systems are appropriate to address the research

questions and are highly relevant to the problem being modeled.

***Results***

**1.** Show you are aware of the limits to - and value of - the kinds of results you can

expect based on current knowledge of the subject. State the conditions under which

the data would support or contradict the hypothesis and the limits you will observe

in interpreting the results.

**2.** Show reviewers you will be able to interpret your results by revealing your

understanding of the complexities of the subject.

**3.** Many applications benefit from statistical analysis. The early involvement of a

statistician to determine the amount of data to collect and the methods for analyses

will favorably impress reviewers.

**4.** Describe your proposed statistical methods for analyzing the data you plan to

collect. Define the criteria for evaluating the success or failure of a specific test.

***E. Human Subjects***

Assuring NIH human subjects are protected is a key responsibility of the applicant, in concert with the applicant's institution. Awards cannot be made until assurances are on file. If your proposed research does not involve human subjects, indicate this by noting "Not applicable in this appropriate section." Anyone reading your application will know immediately you have not just forgotten to complete this section. If your proposed research involves human subjects or

samples from human subjects, read carefully and follow the Human Subjects Research section of

the instructions. Include enough information so reviewers have no questions about what you

propose to do. In addition, your research plan must be certified by your institutions institutional

review board (IRB) prior to funding (unless exempt). Though IRB approval is not required at the

time of application, you should start the process early because revisions and final approval can

take time. Before an application can be funded, a Human Subjects Assurance must be on file

with the Office of Human Research Protections (OHRP). Contact OHRP or your institutions

grants and contracts office for details and help.

***F. Vertebrate Animals***

If the proposed research involves vertebrate animals, your project must be reviewed and

approved by an institutional animal care and use committee (IACUC) prior to review, and an

Animal Welfare Assurance must be on file with the Office of Laboratory Animal Welfare. See

the instructions for item 5 of the face page of PHS 398 for further details.

***G. Literature Cited***

Refer to the literature thoroughly and thoughtfully but not to excess. The publications you cite need not be exhaustive but should include those most relevant to your proposed research.

Research proposals typically do not fare well when applicants fail to reference relevant published

research, particularly if it indicates that the proposed approach has already been attempted or the

methods found to be inappropriate for answering the questions posed. Each citation must include

the names of all authors (not et al.), name of the book or journal, volume number, page numbers

(not first page only), and year of publication

**Common Mistakes for Research Grant Proposals**

***Problems with significance:***

**1.** Not significant nor exciting nor new research

**2.** Lack of compelling rationale

**3**. Incremental and low impact

***Problems with specific aims:***

**1.** Too ambitious, too much work proposed

**2.** Unfocused aims, unclear goals, listing of activities rather than research objectives

***Problems with experimental approach:***

**1.** Too much unnecessary experimental detail

**2.** Not enough preliminary data to establish feasibility

**3.** Little or no expertise with approach

**4.** Lack of appropriate controls

**5.** Not directly testing hypothesis or discussing alternative models

**6.** No discussion of interpretation of data

**What are the major obstacles to grant writing and how can I overcome them?**

**“It’s such an overwhelming task”**

Probably the biggest obstacle to writing grants and fellowships is that it seems to be an

overwhelming task to many students. There is an array of information available from your school’s grants and contracts office, websites, department information, your advisor, and other students. Simply sifting through this information can seem daunting. Further, once you have identified a potential funding source and application process, the sheer amount of detail and work to complete as required is difficult to imagine. How can you overcome this obstacle? As with all complex tasks, it is important to approach grant writing one step at a time. You should first develop your research ideas carefully (and related training needs).

Next you should identify viable sources of funding and consult with others about the specific

procedures to follow. Another strategy for simplifying this process is to talk with others who

have been successful and gather copies of successful applications for the funding source you

are interested in.

**“I don’t have time”**

This problem is not limited to applying for grants and fellowships. Graduate students and

faculty typically juggle multiple tasks which makes it difficult to find time for everything (or

sometimes for anything). But fellowships and grants almost always are submitted by specific

deadlines. One strategy is to select a deadline and allocate an appropriate amount of time

before that deadline to focus almost exclusively on preparing your application (which will

require having already collected pilot data, reviewing the literature, etc.). This time will be

specifically for putting it all together and writing the proposal. Some students find it helpful

to create a timeline and ask their advisor to help them meet each deadline. You must also

leave enough time for your department and university to process your submission.

**“I don’t have any pilot data”**

Grants and fellowships that emphasize a research plan often require some type of pilot data.

For doctoral students, this is usually collected as part of the second year or master’s project,

or collected in collaboration with your advisor. It is not necessary to have an accepted

publication based on this pilot data, but it is important to make a case for your proposed

research based on work you have already done (or ongoing work in your lab). Pilot data is

particularly important if you are using new measures, novel situations, or participants from

different ethnic or cultural groups (compared to previous studies).

**“My area of research is hard to get funding for”**

It is true that certain areas of research come into vogue for funding, often linked to specific

advances in the fields, pressing social problems, or political winds. These concerns are often

more pronounced for large-scale research projects. Remember that funding for predoctoral

and postdoctoral students is linked primarily to the student and his or her capacity for success

in academia. A strong academic record and clear career trajectory are very important!

**“It’s just too much responsibility to have to worry about grants, budgets, reports, etc.—**

**I just want to get through graduate school!”**

But you also want to start a successful career, and grant funding is important!

**What is my advisor’s role in the grant and fellowship process?**

As with all research and training activities, you should always consult regularly with your

advisor. Predoctoral applications benefit by one or two years in your advisor’s research lab,

although some fellowships are for beginning graduate students only. For most fellowships

with a training component, your training plan will be written in collaboration with your

advisor. In some cases (for instance, NSF dissertation grants), your advisor must submit as

the Principal Investigator (PI) on your behalf and you will be the Co-PI.

**What is the review process?**

Many foundations will assign reviewers to read and write a review of your proposal; in some

cases, the reviewers meet to discuss their comments and in other cases the recommendations

are sent to the foundation and evaluated by a specific committee appointed by the foundation.

Applications to federal institutes are reviewed by committees comprised largely of academic

researchers. Proposals under Program Announcements typically are reviewed by standing

committees which may or may not be made public. For example, rosters for NIH committees

are found on the agency website; however, NSF does not publish rosters. For NIH, you can

request a specific committee at the time of submission in a cover letter. This makes sense if

you find a review committee that has people who are working in your area. If you do this, it

is a good idea to cite their work in your literature review. In most all cases, you will receive

written and detailed reviews of your proposal. These will be very important in preparing a

resubmission (when allowed). It is important to think of your reviews as helpful advice!

**What are my chances of success and how can I improve them?**

Success rates vary by source of funding, typically hovering between 10% and 30%. As an

example, the graph below illustrates number of F31 (predoctoral fellowship) the National

Institutes of Health (NIH) applications reviewed and awarded. As you can see, the

submission rate has increased significantly over the last decade, although funding levels have

increased only slightly. One way to improve your chance of success is to resubmit when

appropriate and to be persistent! As another example, the National Science Foundation (NSF) receives approximately 40,000 proposals in all areas and funds about 11,000. If you search carefully on most websites you can determine number of grants received and number funded each year to determine success rates.

## Additional GMU Information

### *Mason ID Cards*

After registering, each student is required to obtain a university photo identification card.  It must be presented to use the library and is required for admission to university events, when using university facilities and can be used as a debit-card at various food concessions and copy machines. Questions may be directed to the Photo ID Office at (703) 993-1004. You can obtain your G-Card at The HUB, Lower Level Room 1103.  For more information, visit the [University All Card Office](http://masonid.gmu.edu/mason-id/).

### *GMU E-Mail*

Students are required to activate and use their GMU E-Mail account to obtain Psychology Department list-serve messages and to access the university mainframe computer and library.  Only GMU E-Mail accounts will be used for official university communication with students. For more information regarding access your E-Mail visit the [ITU Support Center](http://itusupport.gmu.edu).

### *Parking*

Parking decals may be purchased in person in the Parking Services Office located in the Shenandoah Parking Deck, or via [Patriot Web](https://patriotweb.gmu.edu). You will need a G-Card to purchase parking passes in person.  Handicapped parking permits are available in the Parking Services Office.  Parking registration information is also mailed to students several weeks before the start of the fall semester. For more information contact [Parking Services](http://parking.gmu.edu).

### *Health Insurance/Student Health Services*

George Mason provides a variety of health insurance options for graduate students. For students who meet specific qualifications, premiums for the Aetna Student Health Insurance Plan will be subsidized by the University. Students who do not qualify for the subsidy may elect to purchase the policy and should contact [Student Health Services](http://shs.gmu.edu/insurance/domestic/eligibility/) regarding enrollment. [The Student Health Services Office](http://shs.gmu.edu/) is available to all students at no or reduced fees. To determine eligibility for subsidized insurance, please click [here](http://provost.gmu.edu/support/sghi/index.html).

### *Student Wage/Hourly Employees*

All student wage/hourly employees are required to use Direct Deposit and must submit a time sheet online in order to be paid. To set up Direct Deposit and record your hours, please visit [Patriot Web](https://patriotweb.gmu.edu/) and click on "Employee Services”,” Time sheets" (to enter your hours) and/or "Pay Information" (to enroll in direct deposit).

### *Mailboxes*

Each student is assigned a mailbox.  Doctoral student mailboxes are located in the hallway next to the Psychology Graduate Office in David King Hall.  Faculty and Staff boxes are located in the copy room (DK 2001).  MA mailboxes are located in the Physio Lab for CBN, alongside the doctoral mailboxes for Applied Developmental, The ARCH Lab for Human Factors, The Clinic for School Psychology and Robinson 211C for Industrial Organizational.  Be sure to check the mailboxes periodically for any messages that might be left for you by faculty, staff, or students.  Please be aware that student mailboxes are not secured, so use caution in what you place in them.

### *Additional Resources for Graduate Students*

**Office of Research Integrity and Assurance (Human Subjects Review Board)** - <http://oria.gmu.edu/>

**General resources for students** - <http://www.gmu.edu/resources/students/>

**Graduate Student Life** - <http://gradlife.gmu.edu/>

**Office of Postgraduate Fellowships and Scholarships** - <https://fellowships.gmu.edu/>

**The Writing Center** - <http://writingcenter.gmu.edu>

**Office of Research Integrity and Assurance (Institutional Review Board)** - http://oria.gmu.edu/

**College of Humanities and Social Sciences Graduate Student Assistance** - <http://chss.gmu.edu/graduate/for-graduate>

**Counseling and Psychological Services** - <http://caps.gmu.edu/>

**Learning Services** - <https://learningservices.gmu.edu/>

**Multicultural Services** - <https://odime.gmu.edu/>

**Office of Disability Services** - <http://ods.gmu.edu/>

**Office of Student Support and Case Management** - <http://osscm.gmu.edu/>

**University Registrar** - <https://registrar.gmu.edu/>

**Financial Aid** - <http://financialaid.gmu.edu/>

**Student Accounts** - <http://studentaccounts.gmu.edu/>

### TQCVL Attestation Verification for the Clinical Psychology Program at George Mason University

I, (“I,” “me,” or “my”), am enrolled in the Clinical Psychology Doctoral Program of the Department of Psychology at **George Mason University** (the “Academic Program”). I have freely sought, and knowingly made the decision, to participate in a practical training program at (the “Training Program”), a facility operated by the Department of Veteran Affairs (the “VA”). In connection therewith, I acknowledge the VA mandates, as a condition of my participation in the Training Program, that I satisfy certain health requirements and confirm certain personal information. I further acknowledge that I have received information regarding these requirements and that I have read and understand them. I am aware that the VA mandates that my program director (hereinafter referred to as the “DCT”) endorse and submit a *Trainee Qualifications and Credentials Verification Letter* regarding these matters (the “TQCVL”), and I understand that the information needed for the DCT to do so is not information that the DCT or my Academic Program possesses or would otherwise request of me. Accordingly, in order to enable the DCT to endorse and submit the TQCVL, I knowingly and freely am providing the information below. I represent and warrant that all of the information below is true and accurate, and I acknowledge and agree that it may be relied upon by the DCT in connection with the endorsement and submission of the TQCVL.

Tuberculosis Screening

I agree to supply a copy of tuberculosis screening results and a formal physician note and signature endorsing these results to the DCT for verification and storage to comply with the TQCVL process.

Hepatitis B Vaccination

I agree to supply evidence of one of the following regarding the Hepatitis B vaccination to the DCT for verification and storage to comply with the TQCVL process (initial one only):

\_\_\_\_\_\_ Evidence of obtaining a Hepatitis B vaccine or having already obtained a Hepatitis B vaccine in the past (with a formal physician note and signature attesting to this vaccination); or

\_\_\_\_\_\_ A signed formal declination of the Hepatitis B vaccine.

Influenza Vaccination

I agree to supply evidence of one of the following to the DCT for verification and storage to comply with the TQCVL process (initial one only):

\_\_\_\_\_\_ I will obtain an influenza vaccine before November 30th of the current year;

\_\_\_\_\_\_ I will supply evidence of having already obtained an influenza vaccine for the upcoming influenza season to the DCT for verification and storage to comply with the TQCVL process; or

\_\_\_\_\_\_ I will decline an influenza vaccine for the upcoming influenza season, and I will wear a facemask at VA facilities during the entirety of the influenza season.

HHS List of Excluded Individuals

I permit the DCT to screen my name against the Health and Human Services’ list of Excluded Individuals and acknowledge that should my name show up on the Health and Human Services’ list of Excluded Individuals, the DCT will be unable to endorse my TQCVL.

Selective Service

Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25) register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. *Male* for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are barred from any position in any Executive Agency.

I state that I (initial one only):

\_\_\_\_\_\_ Am not a male assigned at birth, am not a US citizen or immigrant, or am not between 18 and 25 years old (inclusive of 18 and 25);

\_\_\_\_\_\_ Have registered with the Selective Service;

\_\_\_\_\_\_ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); however, I can provide the DCT with a Status Information Letter; or

\_\_\_\_\_\_ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); I cannot show proof of a Status Information Letter.

Citizenship and Immigrant Status

I state that I (initial one only):

\_\_\_\_\_\_ Am a US Citizen

\_\_\_\_\_\_ Am not a US Citizen but can provide the DCT with documented proof of current immigrant or non-immigrant status that may include visa status documents, permanent resident card, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process; and I permit the DCT to provide this documented proof of my current immigrant or non-immigrant status along with the TQCVL to the VA.

TQCVL Process for the Academic Program

I acknowledge that the TQCVL and the subject matters thereof are mandatory requirements set by the VA. Neither the Academic Program nor DCT has the ability to waive or modify these requirements. I also acknowledge that the decision to pursue training at the VA is my option, and if I do not wish to comply with these requirements, I may seek training at a non-VA facility. With respect to my Academic Program, whatever decision I make will have no consequential impact. I understand that this information provided herein and to be provided pursuant hereto will be used, stored, safeguarded and destroyed consistent with the Department of Psychology’s *TCQVL Verification Process for the Clinical Psychology Doctoral Program*. Finally, I acknowledge and agree that the DCT will not, and cannot, endorse and submit a TQCVL for me so that I may participate in the Training Program until I have provided all information required herein.

I confirm that I am knowingly and freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TCQVL. In consideration of and return for the Academic Program permitting the DCT to do so, I, as and to the full extent allowed by law, hereby release **George Mason University**, its academic units, and/or its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me or from damage to property in connection with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TCQVL. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act of **George Mason University**, its academic units, and/or its governing boards, employees or agents, including, but not limited to, negligence, mistake or failure to supervise, but excludes willful and wanton conduct.

I understand and agree that should any of the information that I provide or submit pursuant hereto be untrue, false, forged or inaccurate that my Academic Program will promptly inform the Training Program and that the Academic Program will pursue disciplinary action against me under applicable policies and procedures, which could ultimately result in my dismissal or expulsion from the Academic Program.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT, AMONG OTHER THINGS, THIS IS A RELEASE OF LIABILITY. I HEREBY SIGN THIS AGREEMENT OF MY OWN FREE WILL, ACKNOWLEDGING THAT, prior to DOing SO, I haD the right to consult with AN advisor, counselor or attorney of MY choOSING.**

By my signature below, I represent and warrant that any and all of the information provided or submitted pursuant hereto is or will be true, complete and accurate, and I am freely and knowingly agreeing to the terms and provisions hereof.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. Federal law requires that most males living in the US between the ages of 18 and 25 (inclusive of 18 and 25) register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. *Male* for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are **barred from any position in any Executive Agency**. [↑](#footnote-ref-1)